TA 13

A GUIDE FOR TRAINING HEALTH CARE REVIEW COORDINATORS

MARCH 1, 1978

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH CARE FINANCING ADMINISTRATION
HEALTH STANDARDS AND QUALITY BUREAU
OFFICE OF PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH CARE FINANCING ADMINISTRATION
HEALTH STANDARDS AND QUALITY BUREAU

TO : Planning and Conditional PSROs
and Support Center Organizations;
Statewide Councils; Regional PSRO
Project Officers

DATE: February 27, 1978

Technical Assistance
Document No: 13

FROM : Director
OPSRO

SUBJECT: A Guide for Training Health Care Review Coordinators

The purpose of this Technical Assistance Document is to make available to PSROs a resource for training review coordinators. The attached manual, A Guide for Training Health Care Review Coordinators, was developed and tested by the Health Care Review Center, Seattle, Washington, under contract with the former Bureau of Quality Assurance, now the Health Standards and Quality Bureau. The manual focuses on the management aspects of the review coordinator position. Since the role of the review coordinator is new, academic programs geared directly to this emerging profession have not been available. This manual provides the first in-depth guide for training review coordinators.

The training program, which provided the basis for the manual, was designed around didactic training sessions interspersed with internship experience in the hospital setting. While it is unlikely that actual PSRO training programs for review coordinators will include an internship experience per se, the same objectives as those of the pilot program can be achieved by PSRO provided supervision on the job during the first weeks of review coordinator experience. The content of the manual may be useful to PSRO personnel responsible for training in the following specific areas: establishing training objectives; identifying relative content; choosing key people for faculty; determining appropriate methodologies; selecting resource materials; and formulating evaluation instruments.

The manual provides information on how to use the guide, explains their use of terminology such as Health Care Review and Patient Care Appraisal and includes appendices with sample evaluation instruments and a glossary. Organizational changes in the Department of Health, Education, and Welfare, since completion of the guide in 1976, which are

---

PSRO Reference: Review Coordinator - Hospital Review/Utilization Review
PSRO Program Manual Chapter: VII
PSRO Technical Assistance Document No: 2

not shown, include the following: the Health Care Financing Administration, created in 1977; the Bureau of Quality Assurance, now the Health Standards and Quality Bureau; the Bureau of Health Insurance, now the Medicare Bureau; and the Medical Services Administration, now the Medicaid Bureau.

Due to current funding limitations, we are able to supply only one copy of this Technical Assistance Document to PSROs.

Michael J. Goran, M.D.

Attachment

A GUIDE FOR TRAINING
HEALTH CARE REVIEW COORDINATORS

Developed by the

HEALTH CARE REVIEW CENTER

Seattle, Washington

Robert J. Cullen, Ph.D., Project Director

Robert H. Barnes, M.D., Principal Investigator

June 1976

for the

Bureau of Quality Assurance
Health Services Administration
U. S. Department of Health, Education, and Welfare

Under Provision of Contract HSA 240-76-0045

PROJECT TEAM

Health Care Review Center

Robert J. Cullen, Ph.D.	Project Director
Susan Helbig, R.R.A.	Field Coordinator
Robert H. Barnes, M.D.	Principal Investigator
JoAnn Roberts, A.R.T.	Coordinator, Hospital Contracts
Patricia Engberg, R.R.A.	Liaison, Learning Resources Center

Office of Research in Medical Education
University of Washington

David M. Irby, M. Div.	Sub-contract Director
Charles W. Dohner, Ph.D.	Director, O.R.M.E.
Larry Hulbert	Educational Consultant
Michael Gordon, Ph.D.	Educational Consultant
Frank Evans, M.S.	Evaluation Coordinator
Donn Strand	Evaluator
Jeanne Wintz	Evaluator

Curriculum Consultants

Gary Arsham, M.D., Ph.D.
Pacific Medical Center
San Francisco, Ca.

Francis Hunkins, Ph.D.
University of Washington
Seattle, Washington

Kathleen Waters, R.R.A., M.Ed., B.S.
Seattle University
Seattle, Washington

Larry Hulbert
University of Washington
Seattle, Washington

PREFACE

The Health Care Review Center (HCRC)[a], a non-profit corporation in the State of Washington, has worked with hospitals since 1972 to develop and implement hospital-based review programs. These programs are designed to facilitate professional growth of health care providers while meeting the requirements for review established by the Professional Standards Review Organization, the Medicare and Medicaid agencies, and the Joint Commission on Accreditation of Hospitals.

Problems encountered in implementing these programs suggested the need for a new hospital-based person--one who could coordinate all the review activities in a meaningful manner. The need for such a coordinator was substantiated further--and the concept was better defined--through conferences with local and national leaders of Health Care Review.

A proposal to develop a training program for Health Care Review (HCR) Coordinators developed cooperatively by the Health Care Review Center and the Office of Research in Medical Education (ORME), University of Washington School of Medicine, was approved by the Bureau of Quality Assurance, Health Services Administration, Department of Health, Education, and Welfare (Contract No. HSA 240-75-0045, March 1, 1975).

Subsequently, an initial training program was developed, field tested on a class of fifteen coordinators, revised, and re-tested with a second class of seventeen coordinators. The experiences gained with these two classes are the basis for this document.

During the past year, the HCRC coordinated the development and testing of the training program. Furthermore, HCRC staff developed and taught those aspects of the curriculum directly related to health care review.

The Office of Research in Medical Education was responsible for the communication and change unit and development of the evaluation design as well as evaluation of the pilot training program.

Much assistance was provided to the project by staff of the Washington State Professional Standards Review Organization and Terry Kelley, Executive Director. Their presentations on PSRO requirements and procedures were most valuable.

Ms. Geraldine Ellis, Project Officer, Bureau of Quality Assurance, Department of Health, Education, and Welfare, made a substantial contribution to this project through her interest and guidance.

[a] A more detailed description of the HCRC is provided in Appendix G.

Special recognition should be given to the students who participated in the two polot classes. Their review and criticism of every aspect of the training made the development of a realistic training program possible and meaningful.

Lastly, many leaders in the health care field assisted in the teaching of lessons and development of individual lesson plans. They deserve much thanks.

This report describes our experiences in developing and field testing a pilot training program and a recommended curriculum. The Appendices include selected evaluation instruments used to assess the progress of trainees.

Robert J. Cullen, Ph.D.
Health Care Review Center
Seattle, Washington

June 30, 1976

TABLE OF CONTENTS

APPENDICES

A GUIDE FOR TRAINING HEALTH CARE REVIEW COORDINATORS

INTRODUCTION

Acute care hospitals are required by federal law and by standards established by the Joint Commission on Accreditation of Hospitals to assess concurrently and retrospectively the quality and cost of medical care. The ability to implement programs to meet these requirements is limited by the state of the art, the lack of trained manpower, increased cost, and by already overburdened physician staffs. Although hospitals and physicians are well trained in delivering medical care, they have not been trained in evaluating care.

Tell a volunteer Chief of Staff in a community hospital that he will be responsible for developing, implementing and maintaining a Health Care Review program in his hospital and you may have just lost him. To disturb him even more, summarize as quickly as you can the known requirements of the Joint Commission on Accreditation of Hospitals, the federal government's Bureau of Health Insurance, the State agency, and insurance intermediaries, and for good measure throw in the emerging and controversial Professional Standards Review Organization. You will notice that the physician, making loud noises about his position as a clinician, has disappeared behind a protective cloak of patients. Physicians have stated that they believe in the principle of peer review. But, on the other hand, they have not agreed to take an excessive amount of time away from the patients to administer review programs. Even though the organized medical staff of a hospital has the ultimate responsibility for the delivery of excellent care to patients, there must be a limit beyond which they should not be expected to go in documenting, coordinating, and managing the review process. Our basic assumption is that a nonphysician coordinator trained in all the nuances of health care review is the crucial ingredient in a successful hospital health care review program.

ROLE AND RATIONALE

Before going any further into the description of the Coordinator, the term "health care review" must be understood. Health care review is a program of looking retrospectively at patient care compared with predetermined criteria and looking concurrently at reasons for admission to the hospital and continued stay. Taken together, retrospective and concurrent review form the so-called balanced Health Care Review Program. The former, also called Medical Care Evaluation or Patient Care Appraisal, is aimed at assuring quality. The latter, often called Utilization Review, is aimed at assessing proper use of hospital facilities.

The total review program is complex and requires coordination. Although specific procedures have been developed to review care retrospectively and concurrently, little has been done to tie these activities together in a meaningful way. For example, criteria developed by departmentalized audit committees should be shared with the Utilization Review Committees and vice versa, but such sharing is often overlooked. Information on why patients stay in the hospital beyond an initial assigned length of stay may reveal problems that need to be studied in depth retrospectively. Potentially, each medical care evaluation study may uncover a problem area that requires a change in health care policy or procedure. This raises several important questions:

- Who will follow up identified problems, ensuring that corrective action is taken by the medical staff?

- Who will tie together HCR activities?

- Who will see that communication between the various groups exists?

- Who can teach new staff the whole process?

- Who can manage the HCR program?

There are alternatives, but the best candidate for a comprehensive HCR program seems to be a well-trained HCR Coordinator.

The HCR Coordinator coordinates all retrospective and concurrent review activities and manages the HCR program. The Coordinator may actually perform any or all of the tasks required in reviewing care, depending upon the size of the hospital. Most often, the Coordinator can delegate the planning or managing functions. The Coordinator is responsible to the hospital administration but responsive to the Chief of Health Care Review. Because Health Care Review Coordinators are managers, their special training and characteristics must be consistent with this role. For the most part, they will be drawn from the ranks of medical record practitioners or nurses.

Medical Record practitioners are thoroughly familiar with hospital records, standard coding methods, medical language, and have some training and commitment to management techniques. The most obvious difference between record practitioners and nurses is that the latter have clinical training and direct experience with patients. Either one may be a coordinator, but taking into account their different skills, the medical record administrator might best conduct the MCE studies while the nurse is more comfortable with utilization review. In rural and small hospitals where it is necessary for one person to do many different things, one person might have to do it all. However,

in larger hospitals it will be probably more appropriate to have the Coordinator delegate at least some of the review activities. If the Coordinator is a medical record practitioner he/she probably would perform the retrospective review activities and delegate the concurrent review activities to a nurse; if he/she is a nurse, the converse would hold.

The Coordinator is a very important person and must be committed to the purpose of the program--better patient care. He/she must be a diplomatic "mover and shaker", knowing how to relate to physicians both individually and in groups. This, in turn, means he/she needs to communicate and teach effectively and to be comfortable as a "change agent". The Coordinator must be a perpetual student in a changing environment, thereby establishing himself/herself as a key resource to the process of health care review. (A detailed job description is included in Appendix H).

What can be accomplished by having a Health Care Review Coordinator in a hospital? Better patient care is the objective, achieved through a successful program that identifies patient care problems and corrects them. Further, the program will meet the review regulations of the federal and State governments, fiscal intermediaries, JCAH and PSRO. Ideally, physician time away from patients will be minimal. The program should be a balance between retrospective and concurrent review, and again, it should be capable of solving identified problems. It must not have a spirit of punishment toward any professional who gives care to patients. Consequently, the program must emphasize improved patient care through continuing education and other non-punitive methods of correcting problems. Restrictions of privileges by peer review is a last resort. The Health Care Review Coordinator walks a tightrope, balancing himself/herself strategically between efficiently getting the job done and taking time to deal diplomatically with the feelings of colleagues.

Some hospital administrators have said they do not want or need one person in charge of the whole review process and they argue that utilization review is a program that should stand on its own with a UR nurse in charge of it reporting to the UR committee and the administrator. They argue that the patient care appraisal portion is a separate program and can be planned and managed by the medical staff of the hospital with secretarial support. It is possible to do it that way, but there are a number of things wrong with this approach. First, a well-trained coordinator is a continuing resource to the hospital staff in how to get the job done, not only professionally, but efficiently. Second, the administrative secretary, meeting with an audit group, can do a good job in taking minutes, and, of course, he/she can schedule meetings, but he/she is not trained to teach group members how to do an audit, nor does he/she usually have skills in

group leadership. A well-trained coordinator can organize review activities for the physicians so that their time and knowledge is utilized efficiently and effectively. Furthermore, he/she can carry out review functions which need not be performed by physicians. As an expert in the review process, he/she can assist--and perhaps train--physicians in their role.

In summary, we believe that the Health Care Review Coordinator should be a nurse or medical records practitioner with hospital health care experience who is charged with the organization and management of the health care review program of a hospital. This involves effective coordination of both concurrent and retrospective review activities to produce a balanced program of quality assurance and cost control.

CURRICULUM ASSUMPTIONS

The Guide is based upon experiences gained in developing and implementing a training program for hospital-based health care review coordinators. It is not intended as a model curriculum, but rather as a documentation of how the curriculum was initially conceptualized and modified through use with thirty trainees in two sequential training classes. The necessary next step of full-scale field testing has not been addressed and is beyond the scope of this project.

A series of philosophical assumptions guided the initial conceptualizing and subsequent development phase of the curriculum. Perhaps the most important of these was our assumptions regarding the adult learner. The need to share responsibility for defining the objectives and learning experiences is foremost. This means that the curriculum outlined in this report benefited from a high degree of input from the trainees as it emerged over the past twelve months. In contrast to a "lock step" approach in which the content and teaching-learning methods are relatively fixed, what in fact resulted was a flexible, emergent curriculum that required adoption by the staff as the needs of the trainees changed. This was not always easily and gracefully executed on the part of the staff. However, the partnership between trainees and staff did promote active involvement of the learners in the training program. Furthermore, the on-the-job training approach necessitated that the internship period consist of a relatively unstructured set of experiences. Given that some trainees were beginning to plan a health care review program for their respective hospitals while others were engaged in managing and refining an existing program, it was impossible to define the parameters of a common internship experience. Therefore, in the process of implementing the curriculum, the need for a high degree of individualization became apparent.

HOW TO USE THE CURRICULUM GUIDE

The curricular materials are organized in the following manner:

A. Goals and Objectives

B. Lesson Plans clustered by units.

C. Schedule

D. Student Selection

E. Evaluation Plan

F. What We Learned

G. Bibliography

Goals and Objectives

The first section of the curriculum contains the goals and objectives which were used to guide the development of the curricular content and evaluation plan. They represent our starting point in attempting to define a health care coordinator along with the knowledge and skills necessary to carry out this important role. They were the basis for program and lesson plan development as well as the reference for evaluation.

Lesson Plans/Units

In compiling the curriculum training materials for this report, the staff attempted to anticipate the ways in which others involved in health care review might use the document. As a preview for what follows, the curriculum is organized into seven major units as listed below:

I Health Care Review Program

II Health Care Review Requirements

III Medical Care Evaluation Studies

IV Utilization Review

V Nursing and Allied Health Roles

VI Communication and Change

VII Administrative Activities

Each unit contains a series of lesson plans including the following elements:

topic

instructional objectives

content outline

instructional methods

resources: people and materials

scheduling suggestions

These terms are defined as follows:

Definition of Terms for Lesson Plans

Unit - A major content category of the training program which includes several lesson plans or administrative plans. The total training program is composed of six content units (I-VI). Unit VII describes course administrative activities.

Plan - Identifies the lesson plans by title and number. The numerical order of the plans suggests the sequence within the unit in which they were used.

Objectives - Statements describing what the trainee will be able to do upon completing the lesson plan activities.

Instruction - The section of the plan which presents the content outline, instructional method, and resources.

Content Outline - An outline of the key points to be covered during the lesson, includes reference identification.

Instructional Method - Strategy of presenting the content to be covered. Includes any assignments and key questions to be addressed.

Resources - People and materials which should be available for either teaching or reference.

Schedule - The amount of class time needed to present the plan and the recommended placement of the plan in the training program.

The sequence of lesson plans within each unit reflects the order in which they occurred during the pilot training program. However, this sequence may be changed to fit user needs.

The lesson plans are grouped within a given unit primarily because of similarity of content, but they are intended to be portable. Others using the curriculum materials may wish to combine two or more units or to shift lesson plans from one unit to another. For example, the content for Unit III, Medical Care Evaluation Studies, overlaps considerably with Unit IV, Utilization Review. Lesson plans concerning criteria development, accountability, reporting procedures and statistics are grouped in Unit III; much of this information is applicable to Unit IV, Utilization Review.

A special note concerning Unit VI is in order. This curriculum focuses on the role of the Hospital-based coordinator as a manager of health care review activities. Our assumption is that an understanding of group dynamics and the change process along with interpersonal communication skills represent important ingredients of an effective manager-coordinator.

The reader will note that the lesson plans provide only a framework for the actual instruction taught to the pilot trainees: the content is outlined for each lesson plan rather than included in total. Hopefully, other users will be able to utilize this format for developing additional training materials. All of the handouts and references used in the conduct of the training program are identified in the specific lesson plans and again in the Bibliography.

Schedule

The schedule presented indicates the schedule followed in teaching Class II with minor revisions based upon that teaching experience. It reflects the order of lesson plans suggested by the units. Early emphasis is on the role of the HCR Coordinator and the hospital program. Introduction of requirements follows. Communication and interpersonal skills are presented even later. Lastly, the final week is structured to address problems encountered or anticipated during the internship. The sequencing of lesson plans is somewhat arbitrary and can be modified.

Student Selection

Recommendations for the selection and grouping of students based upon our experience are discussed in this section.

Evaluation Plan

This section presents an evaluation design developed by ORME which was used for the evaluation of the pilot program and modified for use with future training. Copies of selected evaluation instruments used are provided in Appendices A-F.

What We Learned

This section of the report includes a discussion of what we learned about the curriculum from Class I and Class II students. Their feedback to us along with the results from the program evaluation should provide the reader with some practical suggestions regarding what worked, what changes were necessary and our recommendations to others interested in training similar persons. It reviews the development and piloting of the training program. Major changes made in this development are discussed. Some readers may wish to read this section before examining the lesson plans: it may provide them with a better understanding of the training rationale.

Bibliography

The resource materials identified in each specific lesson plan are collated here in a master bibliography. This is a compilation of all teaching resources used.

Finally several assumptions were made in compiling the document. First, that others would benefit from a full descriptive account of what actually occurred, our successes and multiple shortcomings. Secondly, it is assumed that PSRO staff and others involved in health care review will adapt and modify the curriculum training materials to fit their local situation. The training program focuses on only one important person in a total review program, namely, the hospital-based coordinator. Role definitions, job descriptions along with the knowledge and skills necessary to carry out job requirements are included. Hopefully, these materials will prove useful in clarifying the duties and functions of other personnel in a given PSRO program. In addition, instructional units and lesson plans contained could serve conceivably as prototypes for developing additional training materials.

G O A L S

The student will be able to:

I. Understand the change process and bring about change in self and other HCR personnel.

II. Analyze and synthesize HCR activities.

III. Plan, organize, coordinate and maintain a health care review program.

GOAL 1: Understand the Change Process and Bring About Change in Self and Other HCR Personnel.

OBJECTIVES:

A. Given a present position and the new role of Health Care Review Coordinator, the student will identify, and define orally, changes required to become a fully functioning Health Care Review Coordinator.

B. Given current PSRO, SSA, SRS, and JCAH requirements, the student will identify and define orally or in writing, specific changes required for the hospital program to comply with current requirements.

C. Given the physicians and other professional staff and personnel of the hospital of employment, the student will define role changes needed to implement a Health Care Review Program.

D. Given an understanding of the changes required to implement a program of health care review, the student will be able to describe methods of reducing problems created by change.

GOAL II: Analyze and Synthesize Health Care Review Activities

OBJECTIVES:

A. Given the PSRO Program Manual and transmittals, the student will interpret federal requirements that apply to the hospital of employment.

B. Given the Accreditation Manual for Hospitals - JCAH, the student will analyze those standards applicable to health care review in the hospital of employment.

C. Given information about health care review, as found in publications such as JCAH "Perspectives", JAMA, the student will distinguish between requirements and suggestions pertinent to hospital health care review.

D. Given the Federal Register, the student will define requirements of utilization review to hospital of employment.

E. Given the fiscal intermediary's transmittals, the student will interpret policies, rules, regulations, and forms specific to the hospital of employment.

F. Given medical staff bylaws, rules and regulations, the student will identify existing policy that applies to Health Care Review, and identify omissions in policy.

G. Given an organization analysis checklist, the student will evaluate the present system of health care review at the hospital or PSRO of employment.

GOAL III: Plan, Organize, Coordinate, and Maintain a HCR Program.

OBJECTIVES:

A. Plan a HCR Program

1. Given the requirements of PSRO, JCAH and intermediaries and the organizational analysis checklist of the hospital's existing review program, the student will evaluate what is needed for a HCR program in the specific hospital.

2. Given the outcome of the evaluation listed in III:A,1, the student will plan the needed HCR program.

GOAL III: Plan, Organize, Coordinate, and Maintain a HCR Program.

A. Plan a HCR Program

3. Given the HCR program, the student will identify key leaders and job descriptions for HCR.

4. Given the HCR program plan, the student will develop an implementation plan to include specific management objectives to be met within a definite time frame and a strategy to meet the objectives on a timely basis.

5. Given the need for personnel and equipment for HCR, the student will write a budget for the HCR program.

B. Organize a HCR Program

1. Given the HCR program, the student will write management objectives for the HCR program with appropriate personnel.

2. Given the HCR program, the student will write a procedure manual for medical audit, utilization review and nursing audit.

3. Given the HCR program and the hospital's organization chart, the student will diagram the coordinator's functional relationship to other departments.

4. Given the HCR program, the student will diagram the hospital line of accountability for medical audit, UR, and nursing audit.

5. Given the HCR program, the student will work with the Chief of HCR, medical records director, and nursing director to develop a master schedule for retrospective review.

6. Given the HCR program, the student will develop flow charts for medical audit, utilization review and nursing audit.

7. Given the HCR program, the student will develop a filing system for all documentation.

8. Given the HCR program, the student will outline a reporting mechanism consistent with line of accountability.

9. Given the HCR program, the student will update her job description to include aspects of HCR.

GOAL III: Plan, Organize, Coordinate and Maintain a HCR Program

B. Organize a HCR Program

10. Given requirements for HCR and the medical staff bylaws and rules and regulations, the student will identify existing policy that pertains to HCR and omissions in policy.

11. Given the HCR program, the student will develop reporting forms as is necessary.

C. Coordinate a HCR Program

1. Given the HCR program plan and strategy for obtaining individual and hospital support, the student will effectively communicate selected aspects of the review program to:

Executive committee	Physician advisor
Administrator	Medical staff
Audit committee	Nursing staff
UR committee	Chief of staff
Screening physicians	Chiefs of service
Governing Body	

2. Given that the student must effectively communicate, the student will demonstrate skill in giving and receiving feedback and paraphrasing.

3. Given an understanding of instructional planning, the student will practice writing goals and objectives.

4. Given criteria for concurrent and retrospective review, the student will facilitate the medical and nursing staffs in selection and development of criteria identification and solving of problems.

5. Given that the Health Care Review Coordinator must effectively communicate, the student will plan and critique meetings focusing on HCR.

6. Given the HCR program, the student will identify problems and use a formal problem-solving technique.

7. Given the HCR program, the student will coordinate the activities of record practitioners and/or nurses in retrieval of data concurrently or retrospectively.

GOAL III: Plan, Organize, Coordinate and Maintain a HCR Program

C. Coordinate a HCR Program

8. Given access to patient care records and data from review activities, the student will practice the doctrine of confidentiality.

9. Given the publication, Model Screening Criteria to Assist Professional Standards Review Organizations, and the publication, Length of Stay in PAS Hospitals, U.S., the student will assist a medical audit committee in developing a preliminary set of criteria for retrospective review.

D. Maintain a HCR Program

1. Given the need to maintain an orderly, effective HCR program, the student will identify methods to guide and direct the HCR program to achieve its intended results.

2. Given requirements for HCR and a functioning HCR program, the student will evaluate the success of the program by utilizing existing standards, objectives, information and observations about current conditions and events, both in and out of the hospital setting.

3. Given the continual change in the HCR environment as evidenced by the JCAH Manual, SSA rules and regulations, PSRO and fiscal intermediary communications, the student will stay abreast of changes in HCR and will utilize new knowledge to continually update the plan for HCR.

L E S S O N P L A N S

C L U S T E R E D B Y U N I T

Units	Title	No. of Plans
I	Health Care Review Program	13
II	Health Care Review Requirements	9
III	MCE Studies	11
IV	Utilization Review	5
V	Nursing/Allied Health	4
VI	Communication and Change	9
VII	Administration Activities	9

UNIT I

HEALTH CARE REVIEW PROGRAM

Number	Lesson Plans Titles	Time Required	Day Recommended
(1)	Role of HCR Coordinator	1 hour	1
(2)	Overview of HCR	1/2 hour	2
(3)	Organizational Assessment	1/2 hour	2
(4)	Starting an HCR Program	3/4 hour	2
(5)	Accountability	1 hour	3
(6)	Retrospective & Concurrent Review Compared	1 hour	4
(7)	Documentation of HCR	3 hours	5
(8)	*From Florence Nightingale to Relicensure	1 hour	9
(9)	*HCR Coordinator's Viewpoint	1 hour	9
(10)	*Physician Problems and Experiences with HCR	1 1/4 hours	9
(11)	*Roles, Responsibilities, Relationships of Coordinators and Chiefs of HCR	1 1/4 hours	9
	INTERNSHIP		
(12)	Three-part HCR Plan	3/4 hour	11
(13)	Self-Maintenance - HCR Coordinator	1/2 hour	15

* Physician/Coordinator Day

Plan 1: Role of HCR Coordinator

Objectives: The student will:

A) be able to define the role and responsibilities of an HCR Coordinator;
B) develop a written description of his/her role as an HCR Coordinator.

Instruction:

A) Content Outline

1) Role of HCR Coordinator

a) Rationale for an HCR Coordinator
b) Experience and feelings of an HCR Coordinator
c) Job description - role and responsibilities

2) Guidelines for the Coordinator in PSRO Programs and/or Utilization Review activities

B) Instructional Method

1) Discuss rationale for HCR program and HCR Coordinator with students.
2) Have an experienced HCR Coordinator speak to class about his/her experiences and feelings as a Coordinator.
3) Briefly review sample HCR Coordinator job description.
4) Assignments

a) Read resource materials
b) Draft job description for self as HCR Coordinator
c) Discuss job descriptions with other students

C) Resources

1) Materials

a) Health Care Review Program, Section 6: Rationale
b) Health Care Review Program, Section 7: Sample
c) HEW, BQA Technical Assistance Document #2: Guidelines for the Coordinator in PSRO Programs and/or Utilization Review Activities, November 7, 1975.

UNIT I: HCR Program

C) Resources

2) Key People

a) An experienced hospital-based HCR Coordinator
b) Core staff person with experience in HCR program and knowledge of role of HCR Coordinator

Scheduling:

Time Required: 1 hour

Timing: Day 1

Plan 2: Overview of Health Care Review

Objectives: The student will:

A) be oriented to a comprehensive Health Care Review Program;
B) know the components of a Health Care Review Program.

Instruction:

A) Content Outline

1) Definition of Health Care Review
2) Principles of Health Care Review
3) Components of Health Care Review
4) Health Care Review Diagram

B) Instructional Method

1) Presentation
2) Discussion of similarity of HCR (as defined) to existing hospital-based programs of students
3) Assignment

a) What is a Health Care Review Program?

C) Resources

1) Materials

a) Health Care Review Program, Section 1: What is a Health Care Review Program
b) Health Care Review Program Diagram. Handout #1

C) Resources

2) Key People

a) Person knowledgeable and experienced with hospital-based HCR Programs

Scheduling:

Time Required: 1/2 hour

Timing: Day 2

Plan 3: Organizational Assessment

Objectives: The student will:

A) complete an organizational assessment form for his/her own hospital;
B) identify the key people involved in HCR in own hospital;
C) know the basic functions of an overall review program;
D) know the status of his/her hospital review program.

Instruction

A) Content Outline

1) Review Organizational Assessment Checklist
2) Discuss purpose and use of Checklist
3) Relate Organizational Assessment to Health Care Review Program in own hospital

B) Instructional Method

1) Discussion of Organizational Assessment

2) Assignments

a) Refine assessment of hospital given better understanding of HCR by end of Week 2

b) Scale Organizational Assessment items according to values of HCR (Coordinator's own values)
c) Read Section 4, Health Care Review Program

C) Resources

1) Materials

a) Health Care Review Program, Section 4: How to Get Started.
b) See Appendices: Organizational Assessment, Appendix 6 and Organizational Assessment Ratings, Appendix 8.

2) Key People

a) Person knowledgeable of HCR with experience in starting hospital-based programs.

Scheduling:

Time Required: 1/2 hour

Timing: Day 2

Plan 4: Starting an HCR Program

Objectives: The student will:

A) know who to involve in initiating an HCR Program;
B) be aware of start-up procedure of MCE Program;
C) understand approach for developing acceptance of HCR.

Instruction:

A) Content Outline

1) Policy/by-laws
2) Key leaders
3) Developing a plan
4) Starting the program

B) Instructional Method

1) View PCA film
2) Relate to Organizational Assessment
3) Discuss start-up approach and problems
4) Assignments

B) Instructional Method

a) Section 4, Health Care Review Program
b) Outline key steps in implementing HCR
c) List key people in own hospital to involve in planning and implementing HCR

C) Resources

1) Materials

a) Patient Care Appraisal (film) Washington/Alaska Regional Medical Program, Seattle, 1971

Note: The film focuses on Patient Care Appraisal, a medical audit approach, not on Health Care Review.

b) Health Care Review Program, Section 4: How to Get Started

2) Key People

a) Person with experience in initiating HCR programs with interaction with leaders of Medical staff, administration and governing body.

Scheduling:

Time Required: 3/4 hour

Timing: Day 2

Plan 5: Accountability

Objectives: The student will be aware of problems in defining line of accountability in the hospital.

Instruction:

A) Content Outline

1) Skit for Discussion (see next page)

B) Instructional Method

1) View and discuss slide/tape show

C) Resources

1) Materials

a) Meighan, S., "Alice Does It Again" (slide-tape show) Portland, Oregon 1974

2) Key People

a) Person with experience in implementing HCR programs and interaction with hospital and medical staff leaders

Scheduling:

Time Required: 1 hour

Timing: Day 3

SKIT FOR DISCUSSION

In the play, Alice, a young woman, goes to the hospital with an old friend and urban GP, Lewis Dodgson. Alice asks naively who is in charge of the patients in the hospital and Lewis encourages her to ask some of the people whom she meets. Alice enters the hospital through glass doors (a looking glass?) and meets Chaplain Goodfellow (the Cheshire Car). The Chaplain stresses that there is a spiritual dimension to healing. He also reveals that the Board of Trustees is chosen from the diocese. Alice wonders why the Church should have so much authority within an institution governed by public law. She wonders why there is not more separation of Church and State.

Alice next meets Art Smart, the hospital administrator (Humpty Dumpty). Mr. Smart advises Alice that he represents the Board in the hospital, but denies responsibility for patient care. Alice next meets Florence Byrd, a head nurse (the Red Queen), who explains that she is in charge of the nursing care and the physicians are in charge of the medical care. Alice finds it hard to understand the differences between these two kinds of care.

Alice goes for lunch in the doctors' dining room and meets Dr. Harry Hardman, the president, and some other members of the medical staff (the Madhatters Tea Party). Dr. Hardman is a physician of the old school who sees himself functioning almost exclusively within the

Skit for Discussion

"doctor-patient relationship." Administration, nursing and other disciplines he sees in a subservient capacity, although here and there he displays a hint of paranoia. He is very upset to discover that Alice's father (a good friend of Lewis Dodgson) is an attorney who specializes in medical-legal suits. Willie Young (the White Knight) is a resident who reveals that the hospital pays his salary; but he selected St. George's Hospital because he got excellent responsibility for patient care. Alice fails to understand why the hospital should pay his salary when he is providing services to private patients.

Lastly, Alice meets Dick Rich, a banker and member of the Board of Trustees (the White Rabbit). Dick is in a great hurry; he tells Alice that he never really wanted to be a hospital trustee but that his wife persuaded him that it was good to do some volunteer work.

Alice and Lewis then talk together about who is responsible. She is surprised at how poorly defined are the lines of responsibility. They discuss responsibility and accountability and then they leave the hospital through the same glass doors (the looking glass again?).

Alice indicates that she thought that the people in there were pretty crazy and wonders what they thought of her. There is then a flashback to each character who gives a commentary on what they thought of Alice. Lewis and Alice then have a brief conversation which ends the play.

The plan has been professionally recorded by a cast of actors from the Portland Theatre; 216 color slides depict scenes from the play; use is made of drawings from Alice In Wonderland; the majority are by Sir John Tenniel, although a few are by other artists.

Plan 6: Retrospective and Concurrent Review Compared

Objectives: The student will:

A) be aware of similarities and differences of concurrent and retrospective review;
B) know differences in criteria between concurrent and retrospective review;

UNIT I: HCR Program

Instruction:

A) Content Outline

1) Overview: Review of Care

a) Concurrent review, utilization review
b) Retrospective review; medical audit/medical care evaluation studies
c) Tissue review, mortality review, etc.
d) Credentials, privileges

2) Review requirements

a) PSRO
b) Medicare/Medicaid
c) JCAH
d) Similarities and differences

3) Concurrent review vs. retrospective review: Similarities

a) Both procedures screen care to identify potential problems
b) Both review procedures used predetermined criteria
c) Both procedures require that decisions about care and corrective action be made by physicians only
d) The responsibility for both review systems rests with the medical staff
e) Both systems can use nonphysician support in screening care and administrative functions

4) Differences

a) Population reviewed

i) Concurrent review - generally federally funded patients only
ii) Retrospective review - generally all patients as selected by diagnosis or procedure

b) Focus

i) Concurrent review - review of individual patients, one by one
ii) Retrospective review - patterns of care

UNIT I: HCR Program

A) Content Outline

4) Differences

c) Timing

i) Concurrent review - while patient is in the hospital
ii) Retrospective review - after the patient is discharged

d) Review categories

i) Concurrent review - tends to be management oriented (Admissions and Continued Stay Review)
ii) Retrospective Review - Tends to be outcome oriented

5) Criteria

a) Development
b) Use
c) Samples

B) Presentation and Discussion

C) Resources

1) Materials - None

2) People

a) Person knowledgeable and experienced in both retrospective and concurrent review. Thorough knowledge of current requirements.

Scheduling:

Time Required: 1 hour

Timing: Day 4

Plan 7: Documentation of a Health Care Review Program

Objectives: The student will:

A) be able to explain the rationale for a written description of a HCR program;
B) be able to list and describe the basic components for documentation including policy, goals, objectives, flow charts, job descriptions, procedure manuals, master schedule and reporting forms;
C) select some of the documentation components to apply in own hospital health care review program.

Instruction:

A) Content Outline

1) Objectives of a written health care review program
2) Documentation components

a) Policy
b) Goals
c) Objectives
d) Flow charts
e) Job descriptions
f) Procedure manuals
g) Master schedule
h) Reporting forms

B) Instructional Method

1) Lecture with examples of each component pertinent to health care review
2) Assignments

a) During internship, find out where policies concerning HCR are written; review them and write down what needs to be changed.
b) Diagram your functional relationships to other departments.
c) Develop a master schedule for at least a six-month period.
d) Diagram your hospital's line of accountability.
e) Write a procedure for medical audit, UR, nursing audit or discharge planning.

C) Resources

1) Materials

a) Littlefield, Rachel, and Caneth. Procedures Manuals (Chapter 9), Office and Administrative Management.

b) Flow Charting - Handout #2

c) Master Schedule and Reporting Forms from Health Care Review Program, Section 9: "Health Care Review Reporting Forms and How to Use them."

2) Key People: RRA, record practitioner with management skills

Scheduling

Time Required: 3 hours

Timing: Day 5

Plan 8: From Florence Nightingale to Relicensure

Objectives: The student (physicians and coordinators) will:

A) be aware of the background of Health Care Review during the past century;
B) understand the effect of increased government involvement in the payment for health services leading to the need for public accountability of these expenditures;
C) be aware that Congress passed a law for PSRO requiring accountability in costs and quality before the method of accomplishing this was established.

Instruction:

A) Content Outline

1) Florence Nightingale - "outcome" audit of care of soldiers injured during the Crimean War.
2) Historical steps from Nightingale to Medicare, 1965, and PSRO, 1972.

B) Instructional Method

1) Lecture - History of Health Care Review last century - Limitation of audit, Relicensure, Mandatory care.

C) Resources

1) Materials - Physician/Coordinator Day handouts

a) Barnes, R.H., The Evaluation of Hospital Medical Staff Performance - Does Health Care Review Help? AHME Journal, Spring 1976, pp. 10-12
b) Sanazaro, P.J., Private Initiative in PSRO. The New England Journal of Medicine, Nov. 1975, Vol. 293, No. 20, pp. 1023-1028
c) Selected Sections from Health Care Review Program, Health Care Review Center, Seattle, 1976
Section 10, Will Medical Audit Dictate to Physicians How to Practice Medicine?
Section 3, What is the Health Care Review Center?

2) Key People - Physician knowledgeable of history of HCR and regulations.

Scheduling:

Time Required: 1 hour

Timing: Day 9, Physician/Coordinator Day

Plan 9: HCR from HCR Coordinator's Point of View

Student Objectives:

A) Facilitate a working relationship among key physicians, nurses, medical records and ancillary personnel.
B) Know specific applications of HCR principles in two hospitals.
C) Become aware of common problems in setting up a HCR system and some suggested solutions.

Instruction:

A) Content Outline

1) Problems concerning responsibility without authority
2) Coordinator Role

a) Teaching: audit, UR, Discharge Planning
b) Coordinates HCR Program
c) Assists HCR program with problem identification and problem solving

UNIT I: HCR Program

A) Content Outline

d) Assuring documentation of appropriate follow-up
e) Relationship to hospital administration
f) Possible linkage of review data to annual staff appointments

B) Instructional Method: Panel discussion by experienced coordinators

C) Resources

1) Materials - Physician/Coordinator Day Handouts

a) Barnes, R.H., The Evaluation of Hospital Medical Staff Performance - Does Health Care Review Help? AHME Journal Spring, 1976, pp. 10-12.
b) Selected Sections from Health Care Review Program, Health Care Review Center, Seattle, 1976. Section 7, Health Care Review Coordinator - Job Description.

2) Key People: Panel of 3 experienced HCR Coordinators

Scheduling:

Time Required: 1 hour

Timing: Physician/Coordinator Day

Plan 10: Physician Problems and Experiences with HCR

Objectives: The student (physicians and coordinators) will:

A) understand the reality of the multiple problems in implementing a successful program;
B) understand the attitudes of physicians re: an accountability system;
C) be aware of the personal experience of a Director of Medical Education in implementing a program;
D) be aware of the personal experience of a Volunteer Chief of Service in doing his job.

UNIT I: HCR Program

Instruction:

A) Content Outline

1) Personal experiences of panel.

B) Instructional Method

1) Physician panel presentations; student participation; questions and answers

C) Resources

1) Materials

a) Selected Sections from Health Care Review Program, Health Care Review Center, Seattle, 1976. Section 10, Will Medical Audit Dictate to Physicians How to Practice Medicine?

2) Key People

a) A community coordinator of medical education
b) A Chief of Staff - community hospital
c) A Director of Medical Education
d) A Hospital Director of Medical Affairs

Schedule:

Time Required: 1 1/4 hour

Timing: Day 9, Physician/Coordinator Day

Plan 11: Roles/Responsibilities and Relationships of Chief of HCR and HCR Coordinators

Objectives: The student (physicians and coordinators) will:

A) understand his/her role, responsibility in Health Care Review and relationships between Chief of Health Care Review and HCR Coordinator;
B) understand the issue of responsibility without authority and how to function in this environment;
C) understand the team approach to a successful hospital HCR plan.

UNIT I: HCR Program

Instruction:

A) Content Outline

1) Roles and Relationships: Chiefs of HCR and Coordinators
2) Program implementation
3) Team approach
4) Problems and answers

B) Instructional Method

1) Small groups - discuss roles and relationships and problems
2) Group leader reports out to entire group roles, responsibilities and plans evolved from small group discussions.

C) Resources

1) Materials - None

2) Key People

a) Coordinators
b) Chief of Health Care Review
c) All major faculty

Scheduling:

Time Required: 1 1/4 hours

Timing: Day 9, Physician/Coordinator Day

Plan 12: Three-part Plan for a Total Review Program in a Community Hospital

Objectives: The student will understand:

A) an "overview" plan for quality assurance in a community hospital beyond UR and MCE studies;
B) the role of the hospital structure in quality assurance;

1) hospital by-laws
2) chart completion requirements
3) staff privileges - how determined and reviewed

C) the use of non-specific indicators to identify problems in quality patient care.

Instruction:

A) Content Outline

1) Transferring hospital by-law requirements into the first of three parts of the quality assurance program.
2) Linking UR and MCE data into the process.
3) Definition of non-specific indicators and how to use them in a review process.

B) Instructional Method

1) Lecture on principles
2) Group discussion
3) Assignment: Include three-part plan in procedure book

C) Resources

1) Materials

a) Handout describing three-part plan
b) Handout - abstract forms for use in record room

2) Key People

a) Physician, HCR Coordinator experienced with three-part plan

Scheduling:

Time Required: 3/4 hour

Timing: Day 11

Plan 13: Self-Maintenance - HCR Coordinator

Objectives: The student will:

A) have a plan to continually upgrade self in HCR

UNIT I: HCR Program

Instruction:

A) Content Outline

1) Informational resources (people)

a) within hospital
b) PSRO, JCAH, etc.

2) Reference materials (See C1)
3) Your expanding role as a HCR Coordinator

a) caring person
b) change agent
c) trainer of chiefs
d) technical resource
e) program manager

B) Instructional Method (includes assignments)

1) Presentation of content
2) Discussion of expanding role
3) Assignment: Review resources available for possible use in own hospital

C) Resources

1) Materials

a) Quality Review Bulletin (annual subscription varies from $100 to $300 based upon size of hospital) and Perspectives (annual subscription $12) published by the Joint Commission on Accreditation of Hospitals, 875 No. Michigan Avenue, Chicago, Illinois 60611.
b) P.S.R.O. Letter (annual subscription $165) published by McGraw-Hill Co., 457 National Press Building, Washington, D.C. 20050.
c) Medical Care (annual subscription $31), published by J.B. Lippencott Co., East Washington Square, Philadelphia, Pa., 19105
d) Audit Action Letter (annual subscription $200), published by Patient Care Institute, 16 Thorndal Circle, Darien, Conn., 06820

C) Resources

1) Materials

e) Journal of Association for Hospital Medical Education (annual subscription $25), published by AHME, 1911 Jefferson Davis Highway, Suite 905, Arlington, Virginia 22202

f) American Journal of Nursing (annual subscription $8), American Nurses Association, 10 Columbus Circle, New York, New York 10019

g) Medical Record News (annual subscription $12), published by American Medical Records Assn., 875 N. Michigan Ave., Suite 1850, Chicago, Illinois 60611

2) Key People

a) Major teacher: Credible to class as a resource in own right; experience with HCR in hospital.

Scheduling:

Time Required: 1/2 hour

Timing: Day 15

UNIT II

HEALTH CARE REVIEW REQUIREMENTS

Number	Lesson Plans Titles	Time Required	Day Recommended
(1)	PSRO Requirements	1 1/4 hours	3
(2)	Delegation/Non-delegation	1 hour	4
(3)	Introduction to U.R. & Requirements	1 hour	4
(4)	JCAH Requirements	3/4 hour	4
(5)	PSRO Data and Reporting Requirements	1 3/4 hours	7
(6)	*PSRO Issues	1 hour	9
(7)	Title XVII, XIX and V Programs	1 hour	9
(8)	Confidentiality	1 hour	10
	INTERNSHIP - 10 WEEKS		
(9)	PSRO Update	1/2 hour	14

*Physician/Coordinator Day

Plan 1: PSRO Requirements

Objectives: The student will:

A) be aware of basic PSRO legislation regarding:

1) admission review
2) continued stay review
3) medical care evaluation studies
4) overall Health Care Review activities

B) be aware of relationships of PSRO within HEW and to SSA, Medicare, Medicaid, Maternal and Child Health and Crippled Children's Programs.

Instruction:

A) Content Outline

1) Introduction - legislative history
2) Review requirements

a) Concurrent
b) Retrospective
c) Appeals

3) Definitions, objectives, timing

B) Instructional Method

1) Presentation with handouts
2) Questions and answer session
3) Assignment:

a) Read Chapter VII, PSRO Manual
b) Review handouts (see Resources)
c) Develop list of PSRO requirements

C) Resources

1) Materials

a) Dale, M.G., PSRO: A Primer. Journal of the American Medical Association, July 8, 1974, Vol. 229, No. 2, pp. 157-158.

C) Resources

b) Washington State Professional Standards Review Organization. Legislative History of Utilization Review Regulations, Seattle, July 9, 1975.

c) U. S. Department of Health, Education, and Welfare/ Office of Professional Standards Review. Chapter VII: PSRO Health Care Review Responsibilities, PSRO Program Manual. Rockville, Maryland, March 15, 1974.

d) Bureau of Quality Assurance, Health Services Administration, U. S. Department of Health, Education, and Welfare. PSRO Transmittals:

PSRO Transmittal No. 11, The PSRO Short Stay Hospital Relationship and Delegation of Review Functions.

PSRO Transmittal No. 21, Relationship of PSRO Review Responsibilities to the Medicare and Medicaid Program.

PSRO Transmittal No. 22, Clarification of Relationship of Utilization Regulations to the PSRO Program.

PSRO Transmittal No. 23, Addendum to Transmittal No. 22.

Plan 2: Delegation/Non-Delegation Requirements for PSRO

Objectives: the student will:

A) know PSRO requirements for delegation and non-delegation of hospitals.
B) know procedures for assessing compliance.
C) know options available to hospitals.
D) be aware of a model Health Care Review Plan.

UNIT II: HCR Requirements

Instruction:

A) Content Outline

1) PSRO program requirements
2) Definition: Delegation, non-delegation
3) Delegation/non-delegation requirements and options.

B) Instructional Method

1) Presentation with handouts
2) Question and answer session
3) Assignment:

a) Analyze own hospital re: requirements.
b) Assess value of delegated vs. non-delegated status.

C) Resources

1) Materials

a) PSRO Program Manual, Chapter VII, 710.2, 720.
b) PSRO Transmittal No. 11, The PSRO Short Stay Hospital Relationship and Delegation of Review Functions.
c) P.L. 92-603, Section 1155(e)(1).
d) Sample Memorandum of Understanding between WSPSRO and the Delegated Hospital.
e) Sample Formal Health Care Review Plan, WSPSRO, 1/6/76.

2) Key People: PSRO representative knowledgeable and experienced in delegation process - e.g., Executive Director.

Scheduling:

Time Required: 1 hour

Timing: Day 4

Plan 3: Introduction to UR and Requirements

Objectives: The student will:

A) be aware of the historical background of UR.

B) understand both the letter and the content of legislative mandates regarding UR.
C) learn techniques for UR.
D) become familiar with a system of UR based upon actual hospital experience.
E) gain ability to recognize organizations involved in UR on a Federal and State level.

Instruction:

A) Content Outline:

1) The historical background:

a) Medicare law
b) Rules and Regs.
c) PSRO law (P.L. 92-603)
d) Rules and Regs.

2) The interpretation of UR legislation:

a) PSRO
b) Fiscal intermediary

3) Some techniques:

a) Criteria
b) Review techniques

4) A UR system as part of a comprehensive health care review program.

B) Instructional Method

Presentation and discussion with questions and answers.

C) Resources

1) Materials

a) Handout #3 (developed by Diane Garcia, R.R.A.) annotated sections of P.L. 92-603 Sections 1155, 1160, 1153. Annotated sections of Federal Register Vol. 39, No. 231, Parts 405, 250, 250.18, 250.19.
b) PSRO Letter, January 1, 1976, p.3.

C) Resources

c) Utilization Review Medicare Bulletin: Hospital Utilization Review Bulletin, Number 25, Washington/ Alaska Blue Cross, January 22, 1975.

2) Key People: Hospital-based HCR Coordinator or UR Coordinator.

Scheduling:

Time Required: 1 hour

Timing: Day 4, prior to Unit IV, Plan 1.

Plan 4: Requirements of Joint Commission on Accreditation of Hospitals (JCAH)

Objectives: The student will:

A) know JCAH requirements for medical audit and utilization review;
B) understand JCAH approach to assuring quality;
C) know JCAH Essential Characteristics of Audit;
D) know differences between JCAH and PSRO requirements.

Instruction:

A) Content Outline

1) JCAH

a) Background-sponsors
b) Focus on protection and improvement of quality of patient care.

2) Quality Assurance activities

a) Clinical privileges
b) Continuing medical education
c) Utilization Review
d) A program of continuous monitoring (practice indicators, i.e., tissue review)
e) Retrospective audit

UNIT II: HCR Requirements

A) Content Outline

3) Essential Characteristics of Audit

4) Number of audits required

5) Utilization review standard

a) admission review
b) continued stay review
c) applies to all patients
d) differs from PSRO requirements

6) JCAH standards re organization of patient care evaluation

7) Bylaws

a) Importance
b) Where to look for information
c) Check list

B) Instructional Method

1) Presentation with handouts
2) Discussion
3) Assignments:

a) Compare own hospital procedures with JCAH requirements.
b) Compare JCAH requirements with requirements of PSRO and Medicare.

C) Resources

1) Materials

a) Perspectives, Joint Commission on Accreditation of Hospitals, July-August, 1973 - "Revised Audit Requirements".
b) Perspectives, Joint Commission on Accreditation of Hospitals, Jan./Feb. 1975, Essential Characteristics of an Acceptable Patient Care Evaluation Procedure.
c) Proposed Utilization Review Standard, Fall, 1975- Joint Commission on Accreditation of Hospitals.

C) Resources

d) Hospital Survey Questionnaire, Information Copy, Joint Commission on Accreditation of Hospitals, Chicago, 1974, pp. 31-36.
e) Accreditation Manual for Hospitals, Joint Commission on Accreditation of Hospitals.
f) PEP Primer, Joint Commission on Accreditation of Hospitals.

2) Key People: Person knowledgeable of JCAH requirements and approach with HCR experience or JCAH representative.

Scheduling:

Time Required: 3/4 hour

Timing: Day 4

Plan 5: PSRO Data and Reporting Requirements, and Confidentiality

Objectives: The student will:

A) be able to list objectives of PSRO data system;
B) know PSRO reporting requirements for delegated hospitals re type of data and reporting forms;
C) be able to explain how profiles are developed and how they will be used;
D) be aware of need for accurate and timely reporting;
E) be aware of the confidential nature of PSRO data.

Instruction:

A) Content Outline

1) Objectives of PSRO data system
2) PSRO data requirements

a) PSRO Hospital Discharge Data Set elements (cast abstract)
b) MCE reporting forms
c) Delegated hospital function - cost summary

3) Profile Analysis

a) Purpose
b) Procedures

UNIT II: HCR Requirements

A) Content Outline

4) Confidentiality of PSRO Data and Information

a) Federal policy
b) Example of specific PSRO's policy

B) Instructional Method

1) Presentation with handouts
2) Question and Answer

C) Resources

1) Materials

a) PSRO Transmittal No. 16. Specifications for Confidentiality Policy on PSRO Data and Information
b) P.L. 92-603 Sec. 1155(f)(1)(B)
c) PSRO Federal Reporting Forms:

i)	Concurrent Review Activity Summary	BQA 121
ii)	Medical Care Evaluation Study Abstract	BQA 131
iii)	Medical Care Evaluation Re-Study Report	BQA 133
iv)	Medical Care Evaluation Status Report	BQA 135
v)	Quarterly Delegated Hospital Function	BQA 151
vi)	Quarterly Delegated Hospital Function Cost Summary	BQA 153

d) PSRO Hospital Discharge Data Set (PHDDS)
e) Federal Reports Manual, PSRO Management Information System

Plan 6: PSRO Issues

Objectives: the student will be aware of:

A) P.L. 92-603 Legislation
B) Options available to PSROs in meeting the regulations

Instruction:

A) Content Outline

1) Legislative history
2) Delegation/Non-delegation
3) Funding Mechanism

B) Instructional Method

1) Presentation and large group discussion

C) Resources

1) Materials

a) P.L. 92-603 (reference only)

2) Key People: PSRO Executive Director - credible to physicians.

Scheduling:

Time Required: 1 hour

Timing: Day 9, Physician/Coordinator Day

Plan 7: Titles XVIII, XIX, and V - Orientation

Objectives: the student will:

A) know the definition of:

1) Title XVIII
2) Title XIX
3) Title V
   a) Crippled Children's Services Program
   b) Maternal and Child Health Program

B) become aware of the inter-relationships between PSRO and Titles XVIII, XIX, and V;
C) be aware of guidelines to identify patients in each program;
D) be aware of information sources regarding each program;
E) know key people to contact in each program.

Instruction:

A) Panel Presentation - representatives from:

1) HEW Regional Office - Medicaid
2) State Office - Maternal and Child Health and Crippled Children
3) Fiscal Intermediary - Medicare

B) Question and Answer Session

C) Resources

1) Materials

a) Medicaid, Medicare - Which is Which? HEW Publication No. (SRS) 76-24901 January, 1976.
b) Questions and Answers, Medical Assistance - Medicaid U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Medical Services Administration, June, 1968.

2) Key People: See Panel

Scheduling:

Time Required: 1 hour

Timing: Day 2

Plan 8: Confidentiality

Objectives: the student will:

A) develop an appreciation of the doctrine of confidentiality as it applies to various facets of HCR;
B) practice the doctrine of confidentiality in own hospital setting;
C) become aware of both the Privacy Act and the Freedom of Information Acts and future possibilities of applying these laws to PSROs;
D) define whether medical audit and utilization review committee findings are discoverable in student's home State.

Instruction:

A) Content Outline

1) Principles of confidentiality pertaining to the medical record.

a) Patient's "right" to record
b) Doctor/patient privileged communication
c) Physician's access to any medical record

UNIT II: HCR Requirements

A) Content Outline

2) Fiscal intermediaries and medical review sheets
3) Committee worksheets

a) Destruction
b) Retention

4) Subpeonable documentation

a) Medical audit proceedings
b) Utilization Review proceedings
c) Information sent to a fiscal intermediary

5) PSRO confidentiality policy

a) Patient identification
b) Health care practitioners and providers

6) Privacy Act and Freedom of Information Acts

a) Principles
b) Application to PSRO

B) Instructional Method

1) Pre-test on confidentiality principles and specific applications (20 minutes)
2) Discussion of test questions with students
3) Assignment: Read handouts for further clarification

C) Resources

1) Materials

a) Pre-test -Special Handout #4
b) Student Guide to Release of Information (unpublished pamphlet, Seattle University)
c) WSPSRO Confidentiality Policy, April 30, 1976
d) HEW Newsletter, Special Report on the Privacy Act

2) Key People

a) Knowledgeable of topic - e.g., RRA, Records Practitioner PSRO representative, attorney

Scheduling:

Time Required: 1 hour
Timing: Day 10

UNIT II: HCR Requirements

Plan 9: PSRO Update

Objectives: the student will:

A) be familiar with current status of PSROs and new transmittals
B) know current relationship of own hospital with PSRO

Instruction:

A) Content Outline

1) New reimbursement process: P.L. 94-182, Section 112
2) Certification/Recertification
3) Current Status of Planning and Conditional PSROs

Note: The content of this unit will need to be continuously updated.

B) Instructional Method

1) Presentation with handouts
2) Question and Answer
3) Assignment: Identify changes needed in HCR plan produced by these new requirements.

C) Resources

1) Materials

a) PSRO Transmittal 30 - Relationship of Physician Certification Requirements under PSRO to the Medicare and Medicaid programs.
b) PSRO Transmittal 34 - Reimbursement to Delegated Hospitals Under Section 112, P.L. 94-82.

2) Key People
a) PSRO representative e.g., Executive Director

Scheduling:

Time Required: 1/2 hour

Timing: Day 14

UNIT III

MCE STUDIES

Number	Lesson Plans Titles	Time Required	Day Recommended
(1)	Introduction to MCE Studies	1/2 hour	2
(2)	Topic/Committee Selection	1 hour	2
(3)	Criteria Development	4 1/2 hours	2
(4)	Criteria Parameters for Efficient Data Retrieval	3/4 hour	3
(5)	Screening for MCE	1 1/2 hours	3
(6)	Evaluation of Findings & Accountability	1/2 hour	3
(7)	Reporting Procedures	1 hour	3
(8)	Statistics for MCE	1 hour	8
	INTERNSHIP - 10 WEEKS		
(9)	MCE Revisited	2 hours	12
(10)	Regional Audit	3/4 hour	13
(11)	Criteria Development Revisited	1 1/2 hours	14

UNIT III: MCE Studies

Plan 1: Introduction to MCE Studies

Objectives: The student will know the steps in conducting an MCE study (PCA cycle).

Instruction:

A) Content Outline

1) Reasons for doing MCE studies
2) PCA definition
3) Ten steps in PCA cycle
4) Acceptable MCE approaches, I.e., PCA, JCAH, AHA, CMA

B) Instructional Activity/Strategy

1) Presentation
2) Assignment: Read written resources

C) Resources

1) Materials

a) Health Care Review Program

- Section 2 - Why Do Patient Care Appraisal?
- Section 8 - Walking Through Patient Care Appraisal - Ten Steps

2) Key People

a) Person with experience in doing MCE studies

Scheduling:

Time Required: 1/2 hour

Timing: Day 2

Plan 2: Committee Topic Selection

Objectives: the student will assist the medical staff in:

A) selecting an audit topic;
B) appointing a committee;
C) preparing Form 1, topic identification.

Instruction:

A) Content Outline

1) Topic selection

a) Options for selecting subject for review
b) High volume of common diagnoses and procedures
c) Problems seen on floor by nurses and physicians
d) Rubin method - sample chart review for problem identification
e) Specific audit parameters: codes, age, sex and time period to be covered

2) Committee Membership Options

a) Standing audit committee with members from each department plus specialty resources as topic indicators
b) Ad hoc committees for each topic with same membership as above
c) Participation by nurses and allied health personnel

B) Instructional Method

1) Discuss principles of topic selection
2) Have students role play as if they are a department of OB/GYN, select a topic, identify committee members and define parameters

3) Assignments

a) Read written materials
b) Complete sample Form 1, Health Care Review Program

C) Resources

1) Materials

a) Health Care Review Program

- Section 8 - Topic Selection section
- Section 9 - Form 1

2) Key People

a) Major teacher, experienced coordinator, e.g., HCR Coordinator, Health Records Analyst

Scheduling:

Time Required: 1 hour

Timing: Day 2

Plan 3: Criteria Development

Objectives: the student will:

A) identify the various types of audit; screening, in-depth, general diagnosis specific concurrent;
B) differentiate between an "outcome" vs. "process" audit;
C) identify the AMA criteria categories;
D) become familiar with PAS-MAP LOS norms as nonspecific indicators;
E) become familiar with forms used in criteria development;
F) become familiar with criteria resources.

Instruction:

A) Content Outline

1) Criteria categories for retrospective review
2) Coordinator's role in helping to develop valid criteria
3) Coordinator's role in using all resources for existing criteria, including AMA sample criteria
4) Documentation of criteria - use of forms

B) Instructional Method

1) Lecture - define criteria, standard, norms. Definition of various types of audits, categories of criteria - keys to successful criteria development
2) Practice criteria setting and completion of form
3) Visit a hospital and observe a committee developing criteria (optional)
4) Assignments

a) During internship assist medical staff in setting one set of criteria
b) Read Health Care Review Program: Section 8, Step 4, and Section 9, Form II narrative.

C) Resources

1) Materials

a) Health Care Review Program

B) Instructional Method

b) Model Screening Criteria to Assist Professional Standards Review Organizations, American Medical Association, Chicago, Illinois, 1975.
c) Multnomah Foundation for Medical Care, 5319 S.W. Westgate Drive, Portland, Oregon 97221.
d) Criteria for Inpatient Medical Care, The Pennsylvania Medical Society, Pittsburgh, Pennsylvania, August 1972.
e) Council on Medical Care Review Criteria. Seattle: King County Medical Society, 1974.

2) Key People

a) Health Care Review Coordinator
b) ART, RRA
c) Physician with experience in developing criteria

Scheduling:

Time Required: 4 1/2 hours

Timing: Day 2

Plan 4: Criteria Parameters for Efficient Data Retrieval

Objectives: the student will:

A) appreciate the importance of clear, precise wording of criteria;
B) critique and analyze criteria generated by physicians and nurses in hospital for specificity, objectivity and retrievability;
C) become aware of the types of questions which should be asked of each criterion.

Instruction:

A) Content Outline

1) AMA categories review

a) Criteria, exceptions, special instructions

2) Criteria content

a) Objective and specific
b) Measurable
c) Where found in record

UNIT III: MCE Studies

A) Content Outline

3) Problems with objectives
4) Challenging criteria construction

a) Appropriate time
b) Questions to ask

B) Instructional Method

1) Lecture on principles
2) Using physician-generated criteria, have students critique each component of each criterion using guidelines from lecture
3) Assignments

a) Observe and record, during internship, problems encountered while abstracting

C) Resources

1) Materials

a) Physician-generated criteria, e.g., AMA criteria

2) Key People

a) Major teacher: Experienced HCR Coordinator or RRA

Scheduling:

Time Required: 3/4 hour

Timing: Day 3

Plan 5: Screening for MCE

Objectives: the student will:

A) understand the reasons for screening;
B) differentiate between efficient and inefficient ways to set up a screening interaction;
C) observe an ideal interaction between a screening physician and a Health Care Review Coordinator;
D) observe the use of Forms III and IV in a screening event;
E) observe how a Health Care Review Coordinator facilitates the screening physician's role.

UNIT III: MCE Studies

Instruction:

A) Content Outline

1) Setting up a screening event
2) Physician's role in screening
3) HCR Coordinator's role in screening
4) Documenting the screening outcome

a) Form III
b) Form IV

5) MCE studies without screening physician

B) Instructional Method

1) Video-tape of a screening event

a) How Not To Do It (1 segment)
b) An Ideal Screening Interaction (3 segments)

2) Narrative observations after each segment
3) Assignments

a) During internship, observe and record impressions of your sessions with a screening physician.
b) During internship, summarize data from a screening session and prepare a report for presentation to medical staff.

C) Resources

1) Materials

a) Video-tape: "The Screening Process," Health Care Review Center, 1976
b) Health Care Review Program: Section 8, Step #6; Section 9, Forms III and IV

2) Key People

a) Experienced Health Care Review Coordinator

Scheduling:

Time Required: 1 1/2 hours

Timing: Day 3

UNIT III: MCE Studies

Plan 6: Evaluation of Findings and Accountability

Objectives: the student will:

A) know procedures for presenting data (audit) to committee for evaluation;
B) know steps of problem identification and corrective action required of committee;
C) be able to record action and prepare reports;
D) know the line of accountability.

Instructions:

A) Content Outline

1) Displaying data so that it can be readily interpreted by audit committee
2) Definition of coordinator's role in teaching committee to document any problems and their specific corrective action
3) Definition of coordinator's role in reporting data through line of accountability

B) Instructional Method

1) Lecture - principles of how to evaluate findings and reporting through line of accountability
2) Discussion - barriers to communication in line of accountability
3) Group Discussion

a) Experience of trainees
b) Trainees suggest ways to evaluate findings

4) Review Form IV

C) Resources

1) Materials

a) Health Care Review Program; Section 9
b) "Evaluation of Medical Staff Performance," Journal Association of Hospital Medical Educators, Barnes, R.H., Spring 1976.
c) JCAH PEP Primer and Forms

2) Key People

a) M.D., ART, RRA, experience c̄ Health Care Review.

Scheduling:

Time Required: 1/2 hour

Timing: Day 3

Plan 7: Reporting Procedures

Objectives: the student will:

A) Understand HCRC forms

1) Content
2) Completion
3) Compliance

B) Understand form usage

1) Interpretation
2) Reporting
3) Filing

Instruction:

A) Content Outline

1) Forms III, IV, and V

a) Objective
b) Responsibility
c) Interpretation
d) Utilization

2) Reporting

a) Line of accountability

- Medical Record Department
- Coordinator
- Chief of Staff
- Medical Board
- Board of Trustees

b) Filing

- Medical records
- HCR coordinator
- Medical staff secretary

B) Instructional Method

1) Lecture and Examples

a) Explain data display
b) Explain purpose and rationale of each form

B) Instructional Method

c) Review and critique completed forms from various hospitals
d) Develop a Form IV using a completed FORM III
e) Discuss alternative filing systems

C) Resources

1) Materials

a) Health Care Review Program, Section 9
b) Health Care Review Program, blank forms

2) Key People

a) Hospital-based HCR Coordinator

Scheduling:

Time Required: 1 hour

Timing: Day 3

Plan 8: Statistics for MCE

Objectives: the student will:

A) be familiar with PAS-MAP statistics;
B) be able to compare his/her hospital LOS to regional norms.
C) know basic graphing techniques.

Instruction:

A) Content Outline

1) Explanation of items included in routine PAS-MAP manuals

a) Variance and how to compute your own
b) Percentiles (cumulative distribution), polygons

2) How to present data: graphic techniques

a) Show graphing films (shading, cross-matching, color films) and how they are used to obtain clear legible graphs and charts
b) Give reference as to display of data
c) Show how much or what kinds of data to present graphically

B) Instructional Method

1) Presentation
2) Group practice with statistics

C) Resources

1) Materials

a) How to Lie with Statistics, Huff, Norton Publishing Company
b) Graphis Diagrams, Graphis Press

2) Key People

a) Statistician with knowledge of PAS-MAP statistics

Scheduling:

Time Required: 1 hour

Timing: Day 8

Plan 9: MCE Revisited

Objectives: the student will:

A) learn how to lead and interact with audit committees;
B) learn new techniques in preliminary preparation for audit studies;
C) learn to use national sample criteria sets prepared by AMA for DHEW.

Instruction:

A) Content Outline

1) The AMA Sample Criteria Book - how to use it - how it was developed - why it was developed
2) The coordinator's role in preparing for the audit
3) The coordinator's role in leading the audit group
4) The blocks to successful audit that must be overcome

B) Instructional Method

1) Lecture on blocks to successful audit and how to overcome
2) Video tape of an actual audit group
3) Criteria developed during the video taped session

C) Resources

1) Materials

a) AMA-DHEW Model Screening Criteria to Assist Standards Review Organizations
b) Videotape on live audit group developing criteria (Health Care Review Center video tape)

2) Key People

a) HCR Coordinator and Physicians having experience with criteria development in a hospital

Scheduling:

Time Required: 2 hours

Timing: Day 12

Plan 10: A Regional Audit to Identify Specific Educational Needs

Objectives: the student will:

A) be able to take a tested blood utilization audit which has been funded by the NIH back to the hospital and describe its objectives to physician audit committees;
B) be able to list the three subject areas covered in the audit;
C) will develop an appreciation of a process audit;
D) be able to list the appropriate resource people to contact concerning the blood audit;
E) be able to list subjects of educational aids already developed.

Instruction:

A) Content Outline

1) Background of Blood Resources Program

a) NIH - National Institute of Health
b) University of Washington Health Sciences Learning Resources Center
c) Health Care Review Center

2) Areas Covered in Audit

a) Whole blood and packed cells

UNIT III: MCE Studies

A) Content Outline

b) Justification for emergency ordering
c) Charting deficiencies

3) Bi-cycle Concept
4) Audio visual package available

a) "Packed Red Cells vs. Whole Blood"
b) "Volume Expanders"

B) Instructional Method

1) Lecture
2) Selections shown from blood audit educational program

C) Resources

1) Materials

a) "Transfusion Audit," Health Sciences Learning Resources Center, T252 SB-56, University of Washington, Seattle
b) Slides and cassettes: "Packed Red Cells vs. Whole Blood," "Volume Expanders," Health Sciences Learning Center T252 SB-56, University of Washington, Seattle

2) Key People

a) Major Teacher: HCR Coordinator
b) Learning Resources Educational Coordinator

Scheduling:

Time Required: 45 minutes

Timing: Day 13

Plan 11:

Objectives: the student will:

A) review the AMA and JCAH audit categories;
B) review the objective and purpose of each category;
C) learn the appropriate questions to ask to generate valid criteria for each category;
D) generate criteria for upper GI hemorrhage using the above knowledge.

UNIT III: MCE Studies

Instruction:

A) Content Outline

1) AMA Category Review

a) Reason for admission
b) Continued stay review
c) Validation of diagnosis
d) Critical diagnostic and therapeutic services
e) Discharge status
f) Complications
g) Nonspecific indicators

2) JCAH Category Review

a) Justification
b) Outcome
c) Indicators

3) Criteria Development

a) Generate criteria from the nursing, physician and allied health point of view
b) Identify criteria objective
c) Clarify criteria for data retrieval
d) Identify exceptions
e) Identify special instructions to abstractor

B) Instructional Method

1) Lecture on content
2) Student participation in criteria development
3) Assignments

a) Read JCAH PEP manual, Section I, Audit Procedure
b) AMA/PSRO model screening criteria manual, Chapters II and III

C) Resources

1) Materials

a) Joint Commission on Accreditation of Hospitals PEP Manual
b) Model Screening Criteria to Assist PSROs, AMA, Chicago

C) Resources

2) Key People

a) Experienced HCR Coordinators

Scheduling:

Time Required: 1 1/2 hours

Timing: Day 14

UNIT IV

UTILIZATION REVIEW

Number	Lesson Plans Titles	Time Required	Day Recommended
(1)	UR Procedures and Forms	1 1/4 hours	4
(2)	Coding for UR	1 hour	7

INTERNSHIP - 10 WEEKS

---

(3)	UR Revisited	1 hour	12
(4)	Screening for UR	1 hour	13
(5)	UR Notification Procedures/Reports	1 hour	13

UNIT IV: Utilization Review

Plan 1: Forms and Procedures in Utilization Review

Objectives: the student will:

A) share personal knowledge and experience in UR activities;
B) become aware of alternative UR procedures;
C) have access to forms, procedures, job descriptions and organizational charts;

Instruction:

A) Content Outline

1) Organization of UR Activities in each student's hospital

a) Personnel performing tasks
b) Timing of reviews
c) Forms used
d) Reporting methods

2) Problems with fiscal intermediaries, Medicare and Medicaid
3) Problems in hospital

a) Admitting diagnosis
b) Timely progress notes
c) Discharge planning

B) Instructional Method

1) Major teacher plus a coordinator student should lead a structured discussion where each student briefly covers points in Content Outline.
2) At end of discussion summarize major concerns generated by students.
3) Assignments:

a) Read and be familiar with UR forms
b) Review/modify own UR procedures

C) Resources:

1) Materials

a) Sample UR forms (TDH)
b) UR forms handed in by students previous day, duplicated and distributed to each student.

C) Resources:

2) Key People: Major Teacher: Experienced HCR Coordinator

Scheduling:

Time Required: 1 1/4 hours

Timing: Day 4

Plan 2: Coding for UR

Objectives: the student will be able to:

A) identify the coding resource person in his/her hospital;
B) differentiate between ICDA-8 and H-ICDA;
C) list the purposes of a coding system in general and specific to Health Care Review;
D) correlate an admitting diagnosis with the proper group number in the PAS length of stay book;
E) identify the various books and their purposes of the two major coding systems.

Instruction:

A) Content Outline

1) Objectives of coding in Utilization Review
2) Major coding systems

a) ICDA-8
b) H-ICDA
c) Differences and similarities between the two coding systems.

3) PAS

a) Use in UR
b) Procedure

4) Common problem admitting diagnoses

a) Procedure without diagnoses
b) Diagnostic workup without accompanying symptoms
c) Established chronic diseases

UNIT IV: Utilization Review

A) Content Outline

5) Extended stay review

a) Change of diagnosis and corresponding length of stay
b) Terminal patient
c) Lack of appropriate level of care available in community

B) Instructional Method

1) Lecture
2) Sharing problems encountered by students in hospitals
3) Small group practice with admitting diagnoses to code and assign initial length of stay

C) Resources

1) Materials

a) ICDA-8 (8th revision of the International Classification of Diseases adapted for use in the United States), U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, Washington, D.C.
b) H-ICDA Hospital Adaptation of ICDA (second edition), Vol. 1, Alphabetical and tabular indexes, Commission on Professional and Hospital Activities, Ann Arbor, Michigan, 1973.
c) Length of Stay in PAS Hospitals, United States, Western Region, 1974, Commission on Professional and Hospital Activities, Ann Arbor, Michigan, 1975.
d) ICDA-8 Coding Handbook (AHA)
e) Hospital coding instrument manual (AHA) for ICDA-8.

2) Key People

a) Major Teacher: RRA, UR Coordinator, or HCR Coordinator

Scheduling:

Time Required: 1 Hour

Timing: Day 7

UNIT IV: Utilization Review

Plan 3: Utilization Review Revisited

Objectives: the student will:

A) be introduced to a time saving, cost effective method of conducting utilization review activities.
B) recognize potential value of Utilization Review findings to help pinpoint patient discharge planning needs early in hospital course of treatment.

Instruction:

A) Content Outline

1) Description of department staff qualifications
2) Description of staff roles in Utilization Review activities
3) Description of typical daily activities of Utilization Review at Providence Medical Center, Seattle
4) Explanation of interaction between utilization review activities and discharge planning process.

B) Instructional Method

1) Presentation with questions and answers

C) Resources

1) Materials - None

2) Key People: Utilization Review Nurse with experience in a comprehensive HCR Program and discharge planning.

Scheduling:

Time Required: 1 Hour

Timing: Day 12

Plan 4: Screening for UR

Objectives: the student will:

A) be familiar with a screening mechanism which could be used with new UR regulations;
B) be familiar with CPHA categories.

UNIT IV: Utilization Review

Instruction:

A) Content Outline

1) Screening concept defined
2) Process of screening in PCA reviewed
3) Principles:

a) Determine minimum information required to make correct decision.
b) Screen:

i) approval when care consistent with criteria (Coordinator)
ii) referral to M.D. (Physician Advisor) when information about care differs from criteria.

c) All criteria be approved by medical staff.

4) UR screening criteria

a) Categorize diagnoses/procedures to increase efficiency, e.g., CPHA categories.

i) Admission Review

- Diagnoses or procedure itself demonstrates need for admission

  - acute MI, coma
  - pregnancy - labor
  - appendectomy
  - inguinal hernia - scheduled for surgery

- Additional criteria required

  - alcoholism
  - asthma
  - diabetes
  - pneumonia

- Acute illness indicators

  - lab values
  - WBC $>$ 20,000 or $<$ 3,000
  - HCT $<$ 26
  - Pain requiring frequent injections of narcotics

UNIT IV: Utilization Review

A) Content Outline

ii) Continued Stay Review

- Patient's condition has not improved - e.g., discharge status not met
- New problems/diagnoses/complications
- Post acute care not available

5) Limitations of process

a) Not yet approved by PSRO or Medicare
b) Most criteria have not been developed

B) Instructional Method

1) Presentation with discussion
2) List some typical hospital admissions - determine appropriateness of admission or continued stay

C) Resources

1) Materials

a) Concurrent Review Screening - Commission on Professional and Hospital Activities
b) Concurrent Utilization Review Procedure, Joint Commission on Accreditation of Hospitals, Chicago, 1975

2) Key People: Person with experience in developing criteria, knowledgeable of new requirements and procedures.

Scheduling:

Time Required: 1 hour

Timing: Day 13

Plan 5: Notification Procedures/Reports/Waiver of Liability

Objectives: the student will:

A) Understand specific Waiver of Liability regulations.

1) Administrative notification denying Medicare payment to the beneficiary.
2) Utilization Review Committee notification denying payment to the beneficiary.

B) Be aware of the documentation requirements for the monthly Utilization Review Committee minutes.
C) Be aware that Aetna Medicare considers themselves as part of the health team, i.e., interested that the hospital act prudently and use their beds wisely.

Instruction:

A) Content Outline

1) Administrative notification procedures denying Medicare payment to the beneficiary for the following reasons:

a) The patient simply does not want to go home.
b) The family does not find it convenient to take the patient home at that particular time.
c) The patient is to go to a nursing home for custodial care, either as private pay or as a Medicaid patient, and no such bed is available.

2) Utilization Review Committee procedures when the committee finds the patient is not receiving an acute level of care Medicare can pay.
3) Utilization Review Committee minutes should include a summary of the month's activities.

a) The total number of Medicare admissions screened and approved by a nonphysician member for that month.
b) The total number of extended stay reviews approved by the nonphysician member.
c) The total number of continuous stay review approved by the nonphysician member.
d) A list of the medical record number involving cases that were questionable to the coordinator, however, reviewed and approved by the Utilization Review Physician.
e) A list of the medical record numbers involving cases disapproved by the Utilization Review Committee.
f) All cases questioned by your intermediary.
g) Sample review of certifications/recertifications.
h) Studies and evaluations.

4) Questions from the students covered the topic of:

a) General Medicare coverage

i) Deductibles
ii) Benefit periods
iii) Coverage issues
iv) Specific case examples of problems regarding Utilization Review

UNIT IV: Utilization Review

B) Instructional Method

1) Presentation with Questions and Answers

C) Resources

1) Materials

a) Aetna Waiver of Liability Bulletins, "Conditions of Participation for Acute Hospitals"
b) Sample notification letters

2) Key People

a) Representative from Medicare Fiscal Intermediary (Aetna or Blue Cross)

Scheduling:

Time Required: 1 hour

Timing: Day 13

UNIT V

NURSING/ALLIED HEALTH

Number	Lesson Plans Titles	Time Required	Day Recommended
(1)	Nursing Audit	1 3/4 hours	8
	INTERNSHIP - 10 WEEKS		
(2)	Discharge Planning	1/2 hour	12
(3)	ANA Guidelines for Nurse Audit	1 hour	12
(4)	Allied Health in HCR and PSRO	1 hour	15

Plan 1: Nursing Audit

Objectives: the student will:

A) be aware of nursing components in a multidisciplinary audit;
B) be able to identify alternative methods of initiating nursing audit;
C) be able to relate nursing audit to medical audit;
D) know alternative lines of accountability;
E) be familiar with nursing criteria; differentiate between nursing and medical criteria;
F) know JCAH requirements for Nursing Audit.

Instruction:

A) Content Outline

1) Describe existing Nurse Audit

a) Components
b) Start-up procedure
c) People involved/accountability
d) Obstacles encountered/overcome

2) Describe Nursing Audit Program
3) Discuss criteria development - review samples
4) Present JCAH requirements
5) Nursing vs. medical criteria
6) Benefits of nursing audit
7) Documentation

B) Instructional Method

1) Presentation with questions and answers

C) Resources

1) Materials

a) Sample Nursing Audits
b) Health Care Review Center and Washington State Nurses Association, Nursing Audit Program, Health Care Review Center, Seattle, 1976

Unit V: Nursing/Allied Health Roles

C) Resources

2) Key People

a) RN with Nursing Audit experience/knowledge of Nursing Audit Program

Scheduling:

Time Required: 1 3/4 hours

Timing: Day 8

Plan 2: Discharge Planning

Objectives: the student will:

A) be introduced to conceptual model for Discharge Planning in an acute hospital;
B) be able to recognize teaching, training and counseling components of Discharge Planning;
C) be able to identify key elements for successful implementation of a team approach to a Discharge Planning program.

Instruction:

A) Content Outline

1) Use of display board depicting stages in the discharge planning process and professional activities within each stage
2) Case examples showing discharge planning activities integrated into the treatment program beginning at the time of admission
3) Program steps for implementing a discharge planning program at Providence Medical Center including mechanisms used to gain staff participation and commitment to the program.

B) Instructional Method

1) Presentation with questions and answers

C) Resources

1) Materials

a) The Modern Practice of Adult Education; 1970, Malcolm Knowles, Associated Press
b) Guidelines for Discharge Planning, 1973, Rancho Los Amigos Hospital, Downey, California

2) Key People: Nurse with hospital-based experience and discharge planning and UR in a comprehensive HCR program

Scheduling:

Time Required: 3/4 hour

Timing: Day 12

Plan 3: ANA Guidelines for Nursing Audit

Objectives: the student will:

A) be aware of ANA guidelines and criteria for NA;
B) learn the steps in implementing peer review for nurses.

Instruction

A) Content Outline

1) Model for Quality Assurance

2) Steps for implementing the model

a) Identify values
b) Identify standards and criteria

- Focus of the review
- Criteria and standard

c) Secure measurements
d) Make interpretation about strengths and weaknesses of the program
e) Identify causes of action
f) Take action
g) Re-evaluate

3) Concept of "peer" in nursing

a) Multi-disciplinary review and how the nurses can fit their situations into that of other fields

4) Presentation of selected sample criteria sets written by the ANA as samples of screening criteria

B) Instructional Method

1) Presentation with questions and answers

C) Resources

1) Materials

a) Guidelines for Review of Nursing Care at the Local Level, American Nurses Association, Kansas City, 1976

Unit V: Nursing/Allied Health

C) Resources

b) A Plan for Implementation of the Standards of Nursing Practices. A report of the Congress for Nursing Practice of the ANA, American Nurses Association, Kansas City, Mo., 1975

2) Key People

a) Task Force Member ANA

Scheduling:

Time Required: 1 hour

Timing: Day 12

Plan 4: Allied Health Practitioners' Roles in HCR and PSRO

Objectives: the student will:

A) be aware of roles of various allied health practitioners in health care review.

Instruction:

A) Content Outline

1) Roles and experiences of allied health practitioners in HCR
2) Expectations of PSRO of AH personnel in HCR

B) Instructional Method

1) Panel discussion
2) Question and answer session
3) Assignment: Consider including allied health practitioners in hospital HCR program

C) Resources

1) Materials

a) WSPSRO handouts

- Allied Health Advisory Group membership list for WSPSRO
- WSPSRO Organizational Structure Diagram
- List of Possible Organizations to be included in the National Council - Liaison Network

UNIT V: Nursing/Allied Health

C) Resources

2) Key People

a) Nurse, pharmacist, occupational therapist (or other health care providers) involved in health care review and PSRO plus representative from PSRO

Scheduling:

Time Required: 1 hour

Timing: Day 15

UNIT VI

COMMUNICATION AND CHANGE

Number	Lesson Plans Titles	Time Required	Day Recommended
(1)	Oral Communication Skills	2 hours 3 1/2 hours	5 6
(2)	Implementation Plans	2 1/2 hours 3 1/2 hours	6 8
(3)	Human Territoriality and Assertiveness	3 1/2 hours 2 1/2 hours	7 13

INTERNSHIP - 10 WEEKS

---

(4)	Problem Solving	1 hour	11
(5)	Planning: Justifying Need for Help	1 hour	11
(6)	Group Roles	1 hour	14
(7)	Support Systems	1 1/2 hours	14
(8)	Engineering of Agreement	1 hour	15
(9)	Communication Skills: Listening	1 hour	15

UNIT VI: Communication and Change

Plan 1: Oral Communication Skills

Objectives:

A) List four types of speeches
B) List the three components of an extemporaneous speech
C) Outline the correct sequence of steps in developing a speech
D) Prepare a five-minute extemporaneous speech using the prescribed format
E) Deliver the speech or presentation to the other trainees
F) Evaluate the effectiveness of the presentation conservatively with the other trainees
G) Describe the four characteristics of effective feedback
H) Provide feedback to other presenters

Instruction:

A) Content Outline

1) Four types of speeches

a) Manuscript
b) Memorized
c) Impromptu
d) Extemporaneous

2) Components of extemporaneous speech

a) Introduction
b) Body
c) Conclusion

3) Sequence for developing speech

a) Preview
b) Main points
c) Examples
d) Conclusion
e) Attention getter - opener

4) Characteristics of effective feedback

a) Specific description of observable behavior
b) Descriptions of your own feelings
c) Responsive to the receiver
d) Checked to ensure clear communications

B) Methods

1) Present an overview of the material in the handout on extemporaneous speech emphasizing the importance of oral communication to the Health Care Review Coordinator's job.
2) Provide time for trainees to begin preparation of their speeches in class.
3) Each trainee's outline should be critiqued by another trainee or staff.
4) The ground rules for presenting and critiquing the speeches are discussed along with the characteristics of effective feedback.
5) The following day the class is divided into two groups. Trainees can elect to be videotaped and structure the setting of the presentation. Speeches are given and feedback is provided to each trainee in turn.

C) Resources

1) Material - handouts

a) Dedmon, Donald N., Extemporaneous Speaking (unpublished), Radford College, Radford, Virginia
b) Wallen, John L., Constructive Openness (an unpublished manuscript), 1967

2) Key People

Two educators familiar with microteaching, speech and feedback or communication specialists with similar skills.

3) Equipment - Black and white videotape cameras, player and monitor

Scheduling:

Time Required: 5 1/2 hours

Timing: Day 5, 1:30 - 3:30, 2 hours
Day 6, 1:30 - 5:00, 3 1/2 hours

Plan 2: Implementation Plan

Objectives: By the end of the lesson, each trainee will:

A) list the changes necessary in his/her hospital to improve the health care review program;
B) identify key individuals whose support will be necessary to effect the above changes;
C) describe, in writing or orally, strategies for enlisting the support of peers, subordinates and supervisory level personnel;
D) develop a time frame or schedule of at least six months' duration which includes the proposed changes.

Instruction:

A) Content Outline

1) Lewin's Force Field Analysis
   Driving forces in the hospital
   Restraining forces in the hospital
2) Organizational theory and the change process
3) PERT chart planning: a systems approach to planning for change
4) Personal change

B) Instructional Methods:

1) Present an example of a "laundry" list of changes one trainee described as necessary to improve the health care review program in his/her hospital.
2) Provide individual work time for each trainee to develop a list of proposed changes along with a list identifying key physicians, nurses, record administrators and hospital personnel whose support is needed to achieve each desired change.
3) Divide total group of trainees into pairs to generate alternative strategies for eliciting cooperation and support from colleagues "back home."
4) Instruct each trainee to draft a time schedule reflecting the desired changes.
5) Instruct dyads to critique each other's plans and time-table for facilitating changes.
6) Each trainee writes a copy of his/her plan on newsprint and displays it on the blackboard or wall.
7) Total groups reviews a few examples of the plans posted on the wall.
8) Assignment:

   a) Complete implementation plan for self.
   b) Use plan during internship: keep a log of problems encountered.

UNIT VI: Communication and Change

C) Resources:

1) Materials:

a) Forcefield Diagnostic Technique, Research using Problem Solving, edited by Mary Kennedy, pp. 70-74, October, 1970, Northwest Regional Educational Laboratory

2) People:

a) An instructor with a background in the behavioral sciences (psychology, sociology and/or social psychology) who is familiar with the organizational structure and milieu of a hospital.

3) Equipment:

a) Newsprint pads or flip charts and magic markers for each trainee to post his/her plan around the classroom.

Scheduling:

Time Required: 6 1/2 hours

Timing: Day 6 - 3 hours
Day 8 - 3 1/2 hours

Plan 3: Human Territoriality and Assertiveness

Objectives: the student will:

A) know the human territories, privacy, retreat, personal space, psychological space, and action territory;
B) demonstrate through discussion the ability to translate the awareness of human territories to job situations;
C) demonstrate through role playing the ability to say "no" to unreasonable requests:
D) demonstrate through role playing the ability to disagree assertively;
E) demonstrate through role playing the ability to handle criticism.

Instruction:

A) Content Outline

a) Human territoriality
b) Assertive behavior
c) Using assertive behavior for effective communication
d) Skill practice

•Saying "no" to unreasonable requests
•Disagreeing assertively
•Handling criticism assertively

UNIT VI: Communication and Change

B) Method

- Presentation
- Small group practice

C) Resources

1) Materials

a) Alberti, R.E. and Emmons, M.L., Stand Up, Speak Out, Talk Back, New York: Pocket Books, 1975
b) Alberti, R.E. and Emmons, M.L., Your Perfect Right: A Guide to Assertive Behavior. San Luis Obispo: Impact, 1970, 1974.
c) Back, G.R. and Wyden, P., The Intimate Enemy. New York: William Morrow and Company, 1968.
d) Bakker, C.B. and Bakker-Rabdau, M.K., No Tresspassing: Exploration in Human Territoriality. San Francisco: Chandler and Sharp, 1973.
e) Ellis, A., A Guide to Rational Living. North Hollywood: Wilshire Book Co., 1960.
f) Ellis, A., Humanistic Psychology: The Rational Emotive Approach. New York: Julian Press, 1973.
g) Fensterheim, H., Don't Say Yes When You Want to Say No. New York: David McKay Company, Inc. 1975
h) Lazaras, A.A., Behavior Therapy and Beyond. New York: McGraw-Hill Book Company, 1971.
i) Lazaras, A.A., and Fay A., I Can If I Want To. New York: William Morrow and Company, 1975.
j) Phelps, S. and Austin, N., The Assertive Woman. San Luis Obispo: Impact, 1975.
k) Smith, M.J., When I Say No, I Feel Guilty. New York: The Dial Press, 1975.

2) Key People: Person skilled in group process, interpersonal relations and assertiveness.

Scheduling:

Time Required: 6 hours

Timing: Day 7, 3 1/2 hours
Day 13, 2 1/2 hours

Plan 4: Problem Solving

Objectives:

A) List seven steps in the problem-solving process
B) Apply the process to a specific hospital problem

UNIT VI: Communication and Change

Instruction:

A) Content Outline

1) The problem-solving process includes the following steps:

a) Identify facts and symptoms
b) State the problem(s)
c) Generate possible solutions
d) Examine the consequences
e) Select the best solution
f) Determine an action plan
g) Follow-up

B) Instructional Method

1) Briefly present the process by using a specific problem of a coordinator.
2) Place trainees in pairs to help solve a concrete problem. One person acts as a consultant to the other and then the roles are reversed.
3) In total group, share what was learned, accomplished and unresolved.

C) Resources

1) Materials

a) Irby, David, The Problem Solving Process (unpublished paper), University of Washington, 1974.

2) Key People

a) An education and/or health care provider who is familiar with the problem-solving process.

Scheduling:

Time Required: 1 hour

Timing: Day 11

Plan 5: Planning: Justifying the Need for Help

Objectives: the student will:

A) develop an awareness of need to account for time spent on individual tasks in HCR to justify the need for more personnel;
B) be able to explain how to isolate the group tasks in a work distribution chart;
C) develop an awareness of PSRO accounting requirements for HCR;
D) be able to list the components of a work distribution chart;
E) be able to list the questions which need to be asked when analyzing work distribution for HCR.

UNIT VI: Communication and Change

Instruction:

A) Content Outline

1) Objectives of task/time accounting
2) Work distribution chart

a) Purpose
b) Components
c) Application to a HCR program

3) Agencies requiring a time/cost accountability

a) Hospital administration
b) PSRO
c) State rate commissions

B) Instructional Method

1) Lecture with examples illustrating each position of the work distribution chart.

C) Resources

1) Materials

a) Handout: Preparing a Work Distribution Chart (Helbig)

2) Key People: Management/Planning experience - e.g., R.R.A.

Scheduling:

Time Required: 1 hour

Timing: Day 11

Plan 6: Group Roles

Objectives:

A) Describe the basic roles performed in groups.
B) Apply the role definitions to a simulated work group.

Instruction:

A) Content Outline

Effective groups require the following task roles:

1) Information Input
2) Orienting
3) Summarizing
4) Clarifying
5) Procedural Suggestions

UNIT VI: Communication and Change

A) Content Outline

Maintenance roles include:

1) Surveying
2) Process Checking
3) Climate Building

B) Instructional Method

1) Review handout on group roles giving illustrations from hospital groups.
2) Using the fishbowl technique, have trainees in the inner circle attempt to reach concensus on a predetermined task or topic. After several minutes, stop the discussion and have members of the outer circle (observer) give members of the inner circle feedback in relation to group roles performed. Review the same discussion and observe any differences. Reverse the procedure.
3) In total group, share what was learned from the experience.

C) Resources

1) Materials:

a) Wallen, John L., What an Effective Group Discussion Requires (unpublished paper) 1970

2) Key People: Person with skill in group process

Scheduling:

Time Required: 1 hour

Timing: Day 14

Plan 7: Personal Support System

Objectives:

A) Identify key personnel in the work environment who can provide personal/professional support and encouragement.
B) List several ways in which these individuals can assist in solving problems and providing information as well as providing personal encouragement.
C) Describe the importance of having an informal support group.

UNIT VI: Communication and Change

Instruction:

A) Content Outline

1) The importance of support systems to worker productivity and satisfaction.
2) Diagnosing work groups to identify supportive individuals.
3) Developing a climate of mutual support and open communications in existing work groups.

B) Instructional Method

1) Discuss in groups of four, the level of personal and professional support trainees feel they have in their hospitals.
2) Summarize results of small group discussions in total group.
3) Present research results on worker productivity and job satisfaction as it relates to personal/professional support and growth.
4) Break into small groups to apply principles to specific situations of trainees.
5) Discuss specific problems as a total group and summarize learning experience.

C) Resources

1) Written - None

2) Key People: Person familiar with job satisfaction and group dynamics research.

Scheduling:

Time Required: 1 1/2 hours

Timing: Day 14

Plan 8: Engineering of Agreement

Objectives: The student will know questions to ask to facilitate agreement.

Instruction:

A) Content Outline

1) Obstacles to agreement
2) The "wrong way" to get agreement
3) The right way to facilitate agreement

a) Open-ended questions
b) Specific Questions
c) Reflective questions

UNIT VI: Communication and Change

B) Instructional Method

1) Group practice with obstacles/respond to questions
2) View film
3) Discuss film

C) Resources

1) Materials

a) "Engineering of Agreement" film, black and white, 18 minutes, 1958, Seattle Public Library

2) Key People: Persons skilled in group process/interpersonal skills.

Scheduling:

Time Required: 1 hour

Timing: Day 15

Plan 9: Communication Skills: Listening

Objectives:

A) Define and illustrate paraphrasing.
B) Demonstrate skill in paraphrasing.
C) Define and illustrate perception checking.
D) Demonstrate skill in perception checking.

Instruction:

A) Content Outline

1) Reception skills in interpersonal communication:

a) Paraphrasing - concerned with ideas and suggestions by letting the other person know what meaning his/her statements evoked in you.
b) Perception check - concerned with the person, his/her feelings by describing what you perceive that the other person feels in a tentative and non-evaluative manner.

B) Instructional Method

1) Outline concepts of paraphrasing and perception checking and illustrate in a role play.

UNIT VI: Communication and Change

B) Instructional Method

2) Divide trainees into trios to work on a predetermined task or problem, one member of the trio shares a problem, another member acts as a resource consultant who paraphrases and does perception checks and the third observes and gives feedback on the process. Periodically, the roles switch so that each person has an opportunity to paraphrase and do perception checks.

C) Resources

1) Materials

Wallen, John L., Summary of Basic Communication Skills for Improving Interpersonal Communications (unpublished paper), 1971.

2) Key Person: A person with skills in interpersonal communication.

Scheduling:

Time Required: 1 hour

Timing: Day 15

UNIT VII

ADMINISTRATIVE ACTIVITIES

Number	Lesson Plans Titles	Time Required	Day Recommended
(1)	Introductions/Warm-up	1 3/4 hours	1
(2)	Evaluation	In Class	
		Pre	1
		Post 1 3/4	15
(3)	Overview and Objectives	1 hour	1
		1/4 hour	11
(4)	Individual Consultation/Work Time	2 hours	1
		1 1/2 hours	5
		2 hours	10
		1 1/2 hours	12
		1 hour	13
		1 hour	14
(5)	Daily Overview/Evaluation	1/2 hour (daily)	Daily
(6)	Review/Preview	1 hour	4
(7)	Internship - Overview	1/2 hour in class	6
		10 weeks in hospital	
(8)	Wrap-up	1/4 hour	10
		1/4 hour	15
(9)	Planning Week 3	2 3/4 hours	11

UNIT VII: ADMINISTRATIVE ACTIVITIES

Plan 1: Introductions/Warm-up

Objectives:

A) Build rapport among trainees and faculty.
B) Trainees and faculty get to know each other.

Instruction:

A) Activity

1) Several small groups including both trainees and faculty are formed.
2) Each person is interviewed (3 minutes) by other members in the small groups.
3) Each person is introduced to the total group.

B) Assignment:

1) Encourage trainees to interact freely with each other and faculty.
2) Group lunch scheduled on Day 1.
3) Group activities to be promoted throughout course.

C) Resources

1) Written: None

2) Key People: All staff and trainees participate. Led by a person skilled in group process.

Scheduling:

Time Required: 1 hour

Timing: Day 1

Plan 2: Evaluation

Objectives:

A) Evaluate the efficacy of the curriculum
B) Evaluate student achievement
C) Assess student attitudes
D) Assess HCR program in the hospital

Instruction:

A) Activity

1) In-class paper and pencil tests

2) Informal observations
3) Internship consultation and observation
4) "Take home" instruments

a) Organizational assessments
b) Follow-up survey

B) Assignments: None

C) Resources

1) Materials: Health Care Review Training Program Evaluation Instruments

Cognitive Assessment:

a) (Pre test - Day 1 - 1 hour / Post test - Day 15 - 1 hour
b) Attitude Assessment (pre test - Day 1 - 1/4 hour) (Post test - Day 15 - 1/4 hour)
c) Organizational Assessment (out of class)
d) Organizational Assessment - Rating Instruments (out of class)
e) HCR Coordinator Training Program Follow-up Survey (Post class)
f) HCR Assessment of Internship Consultant (internship)
g) HCR Coordinator Training Program Assessment (internship)
h) Daily and Weekly Course Evaluation - (1/4 hour daily)

2) Key People: Evaluation Skills

Scheduling:

Time Required: As noted

Timing: Pre test Day 1
Post test Day 15

Plan 3: Course Overview and Objectives

Objectives:

A) Familiarize students with training program objectives.
B) Orient students to components of training program.
C) Review projected schedule.
D) Obtain trainee feedback re objectives, components and schedule.
E) Review Health Care Review Program Manual.
F) Presentation and group discussion.

DAY 1 - 3/4 Hour

Instruction:

A) Activity

B) Assignment:

1) Review Goals and Objectives, relate to individual objectives.
2) Study pp. 30-33 of Section 7 of the Health Care Review Program.
3) Read Section 1 of the Health Care Review Program.

C) Resources

1) Written:

a) Goals and Objectives, Health Care Review Coordinator Training Program.

2) Key People: Person involved in development of objectives and schedule - e.g., Training Program Director.

DAY 11 - 1/4 Hour

D) Activity

1) Welcome back
2) Plans for Week 3

E) Assignments: None

F) Resources

1) Written

a) Week 3 schedule
b) Goals and Objectives

2) Key People: e.g., Training Program Director

Scheduling:

Time Required: Noted by day

Timing: See above

Plan 4: Individual Consultation/Work Time

Objectives:

A) Individualize students' training through consultation with faculty members.
B) Promotion of students and faculty in small groups.
C) Promote utilization of Health Care Review Center resources at student's discretion.

Unit VII: Administrative Activities

Instruction:

Day 1 - 2 Hours - Individual Interview Between Major Teachers and Students (1/2 hour/student)

A) Activities

1) Share purpose of interview
2) Student area of interest
3) Student goals for training
4) Concerns and/or problems
5) Plan for meeting goals

B) Assignment

1) Continue to develop goals and plans initiated in interview

C) Resources

1) Materials

a) Interview form - Health Care Review Training Program Evaluation Instruments

2) People

a) All major teachers

Day 5 - 1 1/2 Hours

D) Activities

1) Identify key people involved in hospital UR
2) Analyze own UR forms and procedures
3) Identify relationship of HCR Coordinator with Utilization Review Coordinator

E) Assignment: None

F) Resources

1) Materials: Own forms and procedures

2) Key People: All major teachers available

Day 10 - 2 Hours

G) Approach

1) Discussion between teachers and students. Content as asked for by students.

Unit VII: Administrative Activities

G) Approach

2) Review job descriptions, internship plans, etc.
3) Discuss answers to brief test which questions were provided by the students.

H) Assignment: Revise job descriptions, internship plans, as needed.

I) Resources

1) Materials

a) Questions generated by students the previous day

2) People: All major teachers available

Day 12 - 1 1/2 Hours

J) Approach

1) Criteria, procedures, forms, developed during internship.
2) JCAH survey items

K) Assignments: Revise forms and procedures as needed

L) Resources

1) Written: Material developed by students during internship

2) People: All major teachers available

Day 13 - 1 Hour and Day 14 - 1 Hour

M) Approach: Open time to be used as needed

N) Assignments: None

O) Resources

1) Materials: None

2) People: All major teachers available

Scheduling:

Time Required: As listed by day

Timing: As listed under Approach

Plan 5: Daily Overview

Objectives:

A) To review previous day's activities relative to objectives plus schedule.
B) To review upcoming day's activities.
C) To complete daily/weekly evaluations.

Instruction:

A) Activities

1) Discuss progress, problems, expectations, schedule.
2) Revise schedule as needed.
3) Schedule consultations as needed.
4) Complete evaluations.

B) Assignment: None

C) Resources

1) Materials: Health Care Review Training Program Evaluation Instruments

a) Daily/Weekly Evaluation Forms (see Appendix A)
b) Schedule of Training Program

2) Key People: Same person throughout program for continuity.

Scheduling:

Time Required: Up to 1/2 Hour daily

Timing: Daily

Plan 6: Review/Preview Session

Objectives:

A) Give trainees an opportunity to indicate areas needed for review. Discuss same and/or review schedule.

Instruction:

A) Activities

1) Review selected topics as needed by class.
2) Schedule consultation for individuals.

B) Assignment: None

C) Resources

1) Written: As identified

2) Key People: Any major teacher familiar with overall HCR and specific experience and knowledge to respond to needs identified.

Scheduling:

Time Required: 1 hour

Timing: Day 4

Plan 7: Internship

Section "A": Internship and the Relationship of the Health Care Review Center and the Student During Internship

Objectives: the student will:

A) define Health Care Review Center expectations of student during internship;
B) be able to explain the Field Coordinator's function during internship;
C) be able to differentiate between consultation and supervision;
D) be able to evaluate own performance during internship in relation to the training program's overall goals utilizing specific criteria in an assessment instrument.
E) be able to assess the Field Coordinator's performance utilizing specific criteria in an assessment instrument.

Instruction:

A) Content Outline

1) Goal of Field Coordinator's Visits:

a) Consulting versus supervising

2) Broad functions of the Field Coordinator

a) Consultation
b) Analysis of student-generated documentation
c) Reinforcement of student role with key hospital leaders
d) Problem-solving

A) Content Outline

3) Correspondence with student and hospital during internship

a) Letter to administrator preceding first field visit
b) Telephone

B) Instructional Method

1) Lecture presentation
2) Questions solicited from students about internship expectations
3) Assignments - Internship:

a) Complete Internship Assessment before Field Coordinators second field visit.
b) Complete Internship Consultant Assessment before Field Coordinator's second field visit.
c) Use the program and the HCR Program Manual as a guide to develop an overall HCR plan specific to one hospital.
d) Identify and list problems.
e) Solicit key individual and hospital support for implementation of HCR.
f) Develop a 6 month's master schedule for retrospective review.
g) Observe and document on appropriate forms the PCA cycle in own hospital during internship.
h) During internship, at least one criteria committee should be appointed and functioning.
i) During internship, assist the medical staff in setting at least one set of criteria.
j) Record practitioners - observe and record problems encountered while abstracting for HCR. Nursing personnel - ask and record problems identified by medical records during abstracting for HCR.
k) Observe and record impressions of sessions with the screening physician.
l) Prepare at least one Form IV and V and obtain required signatures.
m) Prepare a PCA procedure manual.
n) Reach objectives set in implementation plan.
o) Set up meetings for HCR information exchange. Prepare and keep an extemporaneous speech for information exchange. Concentrate first on departmental chiefs in both formal and informal meetings. Utilize communication, teaching and leadership skills. Plan a 20 to 30 minute program on health care review for a department meeting.
p) Set up a preliminary filing system for HCR documentation.
q) Solicit administrative and medical staff support for a revised UR plan, if necessary.

Unit VII: Administrative Activities

B) Instructional Method

r) Prepare a UR procedure manual
s) Route audit results to UR committee
t) Develop a plan to set criteria for admission and extended stay and a timetable for ratification by UR committee.

C) Resources

1) Materials

a) Health Care Review Training Program Evaluation Instruments

i) Internship Assessment
ii) Internship Consultant Assessment

b) Handout: Functions, Tasks and Accountabilities of a Health Care Review Center Field Coordinator for the Model BQA Training Program.

2) Key People: Major Teacher: Field Coordinator (HCR Coordinator)

Scheduling:

Time Required: 1/2 hour for presentation/10 weeks during internship for implementation.

Timing: Day 6

Section "B": Internship Evaluation

Objectives: the student will:

A) review objectives of internship;
B) beoome aware of overall observations by field coordinator during hospital visits.
C) know the overall mean of student assessment of performance during internship in the categories of change, knowledge, planning, organizing and coordinating.

Instruction:

A) Content Outline

1) Objectives of Internship
2) Global observations of Field Coordinator

a) Problems
b) Type of hospital personnel encountered during visits: administrator, physician(s), UR nurse, medical records, etc.
c) Documentation seen and reviewed.

UNIT VII: Administrative Activities

A) Content Outline

3) Personal growth observed in students.
4) Graciousness of students towards field coordinator.

B) Instructional Method

1) Lecture presentation

C) Resources

1) Materials

a) Tabulation and means derived from Internship Assessments of all students.
b) Data display of (a) for wall

2) Key People: Major Teacher: Field Coordinator (HCR Coordinator).

Scheduling:

Time Required: 1/2 hour

Timing: Day 11

Plan 8: Wrap-up

Objectives:

A) Wrap-up weeks 1 and 2

1) Send off for internship experience

B) Wrap-up training program

1) Send off for implementation with positive attitude toward HCR and PSRO.

Instruction:

A) Activity

1) Review of experiences
2) Growth of students in HCR
3) Good experiences together
4) Aim toward on-going programs

B) Assignment - none

UNIT VII: Administrative Activities

C) Resources:

1) Key People

a) Training Program Director

Scheduling:

Time Required:	1/4 hour	1/4 hour
Timing:	Day 10	Day 15

Plan 9: Planning for Week 3

Objectives:

A) To assure that individual needs and expectations are addressed during week 3.

Instruction: During Internship by Staff:

A) Activities:

1) Review of Weeks 1 and 2

a) Daily/Weekly evaluations
b) Faculty perceptions
c) Student verbal feedback

2) Review internship experiences
3) Develop Draft Week 3 schedule - send to students for comments
4) Modify Week 3 draft based upon student comments
5) Request students to identify for Week 3:

a) Significant accomplishments
b) Problems encountered
c) Expectations

B) Assignments: None

C) Resources:

1) Written

a) Goals and Objectives - Health Care Review Training Program
b) Evaluation Results
c) Schedule of Training Program

UNIT VII: Administrative Activities

C) Resources:

2) People: All major faculty

DAY 11 - 2 3/4 Hours

D) Activities

1) Review internship experiences to:

a) Positive internship accomplishments
b) Problems encountered
c) Commonalities among trainee experiences
d) Process:

i) Class divided into three small groups
ii) Each group generated two lists

- accomplishments
- problems encountered

iii) Lists written on large flip sheets and pasted on wall
iv) Accomplishments and problems discussed by large group:

- commonalities identified

2) Identify expectations and needs

a) Review accomplishments and problems
b) Elicit and discuss expectations/needs
c) Prioritize needs
d) Review/modify schedule

i) Add new sessions
ii) Schedule individual consultations
iii) Drop or reduce sessions with low priorities

E) Assignments: None

F) Resources

1) Written: None

2) Key People: All major teachers

SCHEDULE

DAY	TIME	TOPIC	UNIT	PLAN
1	8:30 - 10:15	Introductions/Warm-up	VII	1
	10:15 - 10:30	Coffee		
	10:30 - 11:45	Evaluation (pre-tests)	VII	2
	11:45 - 12:30	Course Overview and Objectives	VII	3
	12:30 - 2:30	Group Lunch		
	2:30 - 3:30	Role of HCR Coordinator	I	1
	3:30 - 5:00	Individual Interviews	VII	4
2	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 9:30	Overview of HCR	I	2
	9:30 - 10:00	Organizational Assessment	I	3
	10:00 - 10:15	Coffee		
	10:15 - 11:00	Starting a Program	I	4
	11:00 - 11:30	MCE Studies: Introduction	III	1
	11:30 - 12:00	Topic/Committee Selection	III	2
	12:00 - 1:30	Lunch		
	1:30 - 5:00	Criteria Development	III	3
3	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 9:45	Criteria Parameters for Efficient Data Retrieval	III	4
	9:45 - 10:00	Coffee		
	10:00 - 11:30	Screening for MCE	III	5
	11:30 - 12:00	Evaluation of Findings/Accountability	III	6
	12:00 - 1:30	Lunch		
	1:30 - 2:30	Accountability	I	5
	2:30 - 3:30	Reporting Procedures	III	7
	3:30 - 3:45	Break		
	3:45 - 5:00	PSRO Requirements	II	1
4	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 10:00	Delegation/Nondelegation	II	2
	10:00 - 10:15	Coffee		
	10:15 - 11:15	Introduction to UR + Requirements	II	3
	11:15 - 12:00	JCAH Requirements	II	4
	12:00 - 1:30	Lunch		
	1:30 - 2:45	UR Procedures/Forms	IV	1
	2:45 - 3:00	Break		
	3:00 - 4:00	Comparison of Retrospective & Concurrent Review	I	6
	4:00 - 5:00	Review/Preview	VII	6

DAY	TIME	TOPIC	UNIT	PLAN
5	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 12:00	Documentation of HCR	I	7
	12:00 - 1:30	Lunch		
	1:30 - 3:30	Oral Communication Skills	VI	1
	3:30 - 5:00	Individual Work Time	VII	4
6	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 9:30	Internship Overview	VII	7
	9:30 - 12:00	Implementation Plans	VI	2
	12:00 - 1:30	Lunch		
	1:30 - 5:00	Communication Skills	VI	1
7	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 10:00	Coding for UR	IV	2
	10:00 - 10:15	Coffee		
	10:15 - 12:00	PSRO Data Reporting Requirements & Confidentiality	II	5
	12:00 - 1:30	Lunch		
	1:30 - 5:00	Human Territoriality & Assertiveness	VI	2
8	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 10:45	Nursing Audit	V	1
	10:45 - 11:00	Coffee		
	11:00 - 12:00	Statistics for MCE	III	8
	12:00 - 1:30	Lunch		
	1:30 - 5:00	Implementation Plans	VI	2
	*Evening	Get-together of faculty, students and physicians (night before Physician/Coordinator Day)		
		Physician/Coordinator Day*		
9	8:30 - 9:30	Introductions and Overview of HCR	I	8
	9:30 - 10:30	HCR: The Coordinator's Viewpoint	I	9
	10:45 - 12:00	Physician Panel: Problems and Experiences with HCR	I	10
	1:30 - 2:45	Roles, Responsibilities, Relationships of Coordinators and Chiefs of HCR	I	11
	3:00 - 4:00	PSRO Issues	II	6
	4:00 - 5:00	Panel: Titles XVIII, XIX and V	II	7

*Chiefs of HCR (physicians responsible for HCR activities of the medical staff) meet with coordinators for the full day to become oriented to HCR requirements and procedures and to identify their role as well as their relationship to the HCR Coordinator.

DAY	TIME	TOPIC	UNIT	PLAN
10	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 11:00	Consultation/Work Time	VII	4
	11:00 - 12:00	Confidentiality	II	8
	12:00 - 12:15	Wrap-up	VII	8
		INTERNSHIP - 10 WEEKS		
11	8:30 - 8:45	Overview	VII	3
	8:45 - 9:15	Internship Evaluation	VII	7
	9:15 - 12:00	Planning Week 3	VII	9
	12:00 - 2:00	Group Lunch		
	2:00 - 2:45	Three-part HCR Plan	I	13
	2:45 - 3:45	Problem Solving	VI	4
	3:45 - 4:00	Break		
	4:00 - 5:00	Planning: Justifying Need for Help	VI	5
12	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 10:00	UR Revisited	VI	3
	10:00 - 10:15	Coffee		
	10:15 - 11:00	Discharge Planning	V	2
	11:00 - 12:00	ANA Guidelines for NA	V	3
	12:00 - 1:30	Lunch		
	1:30 - 3:30	MCE Revisited	III	9
	3:30 - 5:00	Individual Consultations/Work Time	VII	4
13	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 9:45	Regional Audit	III	10
	10:00 - 11:00	Screening for UR	IV	4
	11:00 - 12:00	UR Notification Procedures/Reports	IV	5
	12:00 - 1:30	Lunch		
	1:30 - 2:30	Individual Consultations/Work Time	VII	4
	2:30 - 5:00	Assertiveness Skills	VI	3
14	8:30 - 9:00	Daily Overview/Evaluation	VII	5
	9:00 - 10:00	Group Roles	VI	6
	10:00 - 10:15	Coffee		
	10:15 - 12:00	Support System	VI	7
	12:00 - 1:30	Lunch		
	1:30 - 2:30	PSRO Update	II	9
	2:30 - 4:00	Criteria Development Revisited	III	11
	4:00 - 5:00	Individual Consultations/Work Time	VI	3
15	8:30 - 10:15	Evaluation	VII	2
	10:15 - 10:30	Coffee		
	10:30 - 11:30	Allied Health in HCR and PSRO	V	4
	11:30 - 12:00	Self Maintenance - HCR Coordinator	I	14
	12:00 - 1:30	Lunch		
	1:30 - 2:30	Engineering of Agreement	VI	8
	2:30 - 2:45	Break		
	2:45 - 3:45	Communications Skills: Listening	VI	9
	3:45 - 4:00	Wrap-up	VII	8

STUDENT SELECTION

The selection of students is crucial to the success of any training program. This program was based upon an assumption that the sharing of experiences among students will be beneficial. In fact, we felt that this was a necessity. Therefore, we strongly recommend that students selected have had some review experience. Furthermore, we recommend that any single class include both nurses and medical record practitioners and - as much as possible - include persons with some experience in either medical audit, utilization review, or discharge planning.

Based upon our experience, we recommend that PSRO-based students be trained in separate classes from hospital-based coordinators. Our data suggest that these two groups differ sufficiently in entry knowledge and personal objectives and that including both groups in one class confounds the training - even when time is taken to attend to individual differences.

Given the differences among PSRO regions, teaching of requirements and approaches is less confusing if all students in one class are from within a single PSRO region.

We feel that the applicant should possess the following qualifications:

1. Be a medical record practitioner or nurse already employed full time in a hospital - preferably, with some previous management experience.

2. Have experience in reviewing care such as in Utilization Review or Medical Care Evaluation studies.

3. Be open-minded to change and have the ability to approach problems in a positive manner.

4. Be self-motivated and able to operate with minimal supervision.

5. Be willing to communicate with physicians, nurses, hospital trustees, medical record practitioners, and others about controversial subjects.

We also feel that a participating hospital should agree to the following:

1. That the applicant be appointed as the hospital's health care review coordinator.

2. That the health care review coordinator's salary be continued throughout the training program.

3. That expenses involved in the travel of the student to and from the training program and cost of living during that time be borne by the sponsoring hospital.

4. That a physician leader in health care review be appointed to work with the coordinator and that he attend a one-day session near the end of the first two weeks of training.

5. That the administrator and executive committee agree to cooperate with the health care review coordinator in developing and implementing a successful review program.

6. That the hospital be willing to have its program evaluated during, and subsequent to, the training period.

7. That the health care review coordinator have access to the hospital's bylaws, rules and regulations and all health care review information or records.

8. That the health care review coordinator be allowed adequate time to implement the health care review plan.

Student selection may be facilitated by having them complete an application form and to provide the following:

1. Two letters of recommendation

   - one from the administrator - countersigned by the chief of staff;
   - one from the person to whom the applicant reports.

   Letters should describe the applicant's professional and personal characteristics.

2. An up-to-date resume, including present and past employment responsibilities, education, work and home address and telephone number. Include three references.

HEALTH CARE REVIEW (HCR) COORDINATOR TRAINING PROGRAM

EVALUATION PLAN

A. Evaluation Goals

The purpose of the evaluation is to collect information, analyze data, and determine worth on four main components of the HCR Coordinator Training Program. They are:

1) the efficacy of the Training Program - curriculum and instruction
2) the achievement of students
3) the satisfacion of the students
4) the change of the Health Care Review Program in each student's hospital

B. Design of the Evaluation Plan

The plan is divided into three main areas dealing with:

1) the curriculum
2) the student (knowledge, attitude, and performance)
3) the hospital based HCR program

Within each of these areas, evaluation is to be conducted on (a) Pre-assessment data, (b) Process Assessment data, and (c) Outcome Assessment data.

Emphasis is on those evaluation activities and instruments that will yield interpretable, unambiguous data for decision making. This is not meant to exclude data that is garnered from casual observation of students, instructors, and so forth, but the primary focus is on gathering measurable information.

Following is an outline format detailing the plan as described above and in terms of

- type of information gathered
- suggested uses of the data
- what instruments and techniques are to be used
- suggested schedule of administration

Following the plan outline is an additional suggested schedule of instrument administration.

Type of Information Gathered	How Evaluation Data is Utilized	Methodology (Title of instrument is underlined and in appendix designated)	Schedule (When) See item IV, column 1 of plan for more complete information
I. Curriculum Data			
a. Pre-assessment			
(1) Review and critique of curriculum structure and content	Formative data on the efficacy of total curriculum	Panel of experts in curriculum design and HCR content area will submit written critique	Prior to first class
b. Process Assessment			
(1) Organization & sequencing of lessons	Formative data on the efficacy of curriculum and instruction in classroom environment	Student will fill out a daily and weekly evaluation instrument. (Appendix A; parts 1 and 2)	The daily assessment instrument will be administered at the beginning of each day for preceding day's activities. The weekly evaluation will be administered at the close of each weekly class period.
(2) Course content	"		
(3) Instructor effectiveness	"		
(4) Relevance of course to student's job	"	Informal and formal staff meetings to analyze student input and their own input	Periodically
(5) Internship activities of student and field coordinator	Formative & summative data on student's performance and on field coordinator's performance.	Assessment of HCR Co-ordinator Internship	During internship period at time of personal visit by internship field coordinator.
		Assessment of Intern-ship Consultants	At end of internship

Type of Information	Data Utilization	Methodology	Schedule
c. Outcomes Assessement			
(1) Student recommendation for change	Data for the summative evaluation of curriculum and instruction for curriculum improvement	4-month follow-up assessment instrument (mailed) (Appendix B)	4 months post-training
(2) Faculty recommendation for change	Formative data on curriculum and instruction	Informal questioning of faculty by program director	End of each weekly session
(3) Consistency of training program to job requirements	Formative and summative evaluation on student job requirements as related to curriculum and instruction	4-month follow-up assessment instrument and questionnaire (mailed) (Appendix B) Weekly Student Evaluation (Appendix A) (paper/pencil administered in classroom)	4 months post-training Administered last day of training program
(4) Review and critique of curriculum	Summative data on efficacy of curriculum and instruction model	Written report from panel of experts - curriculum and content experts other than program staff/ participants	Post-training program
II. Trainee Assessment			
a. Pre-assessment			
(1) Knowledge of HCR	Data for summative evaluation of student achievement (pre-knowledge)	Cognitive Assessment: Pre-test (Appendix C) (paper/pencil classroom administration)	1st day of training program
(2) Prior Education and experience	"	Application form and interview by staff	Prior to training program and days 1 & 2 of 1st week
(3) Personal goals			
(4) Attitude toward HCR	Data for summative evaluation on student satisfaction and attitude	Attitude Assessment (Pre-test) (Appendix D)	1st day of class

Type of Information	Data Utilization	Methodology	Schedule
II. Trainee			
b. Process Assessment			
(1) Student achievement of course objectives (classroom)	Data for formative and summative evaluation of student achievement and satisfaction	Observation and interview by staff	During Class
(2) Student Internship performance	Summative evaluation data on student achievement and satisfaction	Internship Evaluation (Administered by Field Coordinator)	During Internship
(3) Student satisfaction with HCR coordinator training program	Formative and summative data on student satisfaction	Written students daily course evaluation (Appendix A) and verbatim comments	Daily
		Informal feedback to staff by observation, etc.	Daily
c. Outcomes Assessment			
(1) Knowledge of HCR	Summative data on student achievement	Cognitive Assessment (Post-test) (Appendix C) paper/pencil, classroom administered	Last day of formal classroom training
(2) Student attitudes	Summative data on student satisfaction and achievement	Attitude Assessment (Post-test) Appendix D) paper/pencil test	"
		4-month assessment follow-up (Appendix B)	4-month post-training
(3) Student perception of job performance	Summative data on student achievement, satisfaction, attitude and job performance	Internship Assessment administered by Field Coordinator	Internship

Type of Information	Data Utilization	Methodology	Schedule
III. HCR Program Assessment (i.e. Organization Assessment)			
a. Pre-assessment - Operational Components of HCR program	Summative data on Students Hospital HCR Program	Pre-organizational Assessment (Appendix E) mailed to students selected for HCR program, filled in by them and brought to class	Before student comes to 1st day of class
b. Pre-assessment on student weighting on HCR components	Summative data on attitudes of students re: HCR programs	Organization Assessment Rating Instrument (Appendix F) filled in during 1st week of class	During 1st week of class
c. Process Assessment program development, activities and problems	Summative data on attitudes of students re: HCR programs	Personal interviews with Field Coordinator, staff re: HCR plans Internship Assessment	During classes and internship Internship
d. Outcomes Assessment			
(1) operational components of HCR programs	Summative data on HCR programs in students' hospitals	Post-organizational Assessment (Appendix E)	Last week of formal training period
(2) operational components weighting	Summative data on student attitudes re: HCR components and on their HCR programs	Organization Assessment Rating Instrument (Appendix F) filled in during last week of class	During last week of class
(3) operational components of HCR programs	Summative data on HCR programs in students' hospitals	Four month assessment (See appendix B)	Four month post classroom training
		Note: For item IV on this outline see next two pages.	

IV. HCR Coordinator Training Program -

Schedule of Assessment Instruments Administration

Below is a suggested schedule of instrument administration.

Time Period	Instrument and Method
1. Prior to formal classroom training	a. Organizational Assessment (Appendix E) Pre-assessment: Send to student and suggest strongly that they complete and bring with them to class first week.
2. First day of formal classroom training	a. Cognitive Assessment (Appendix C) Pre-assessment: Student will fill out instrument and return after 1 1/2 hour period. b. Attitude Assessment (Appendix D) Pre-assessment: Students given 30 minute period prior to cognitive assessment. c. Organizational Assessment - Rating Assessment (Appendix F) Instrument given to student to fill out sometime during the week and returned by end of first week of formal classroom training.
3. Daily meetings of class	a. Student's Daily Evaluation (Appendix A, part 1) Students fill out and discuss for previous day's class. This should be done at beginning of day over 15 - 20 minutes period. b. Student's Weekly Evaluation (Appendix A, part 2) Students fill out each Friday (or on last day of the week) of formal classroom training.

Time Period	Instrument and Method
4. Last day of formal classroom training	a. Cognitive Assessment (Appendix C) Post-assessment: Students should be given 1 1/2 hours to complete last day b. Attitude Assessment (Appendix D) Post-assessment: Given on last day of class prior to cognitive assessment. Allow 30 minute period. c. Organizational Assessment (Appendix E) Post-assessment: Given to students the first day of last week of class. Students fill out on their own time during week and turn in last day of class. d. Organizational Assessment - Rating Assessment (Appendix F) Post-assessment: Given to students the first day of last week of class. Students fill out on their own time during week and turn in last day of class.
5. Internship period	a. Assessment of HCR Coordinator's Internship On last day of class prior to internship the student is given an instrument and told to evaluate herself during the internship period. During the internship observations by the field coordinator, the coordinator will also complete a similar instrument. During the final internship interview of the student and field coordinator, the two instruments will be compared and a final evaluation will be completed by the field coordinator from the interview. b. Assessment of Internship Consultant (Field Coordinator) This instrument is left with student during internship and student completes and mails completed document to HCR Training Program director.
6. Four months following last class	a. 4-month Follow-up Assessment (Appendix B) This instrument is sent to students by evaluators. Students complete and return to evaluator for training program.

C. H.C.R. Coordinator Training Program

This section will discuss those assessment instruments that were developed to evaluate the HCR Coordinator Training Program as stated in the preceding section. The development of the instruments will be discussed as well as the validity (where appropriate) and the administration schedule of the respective instruments.

1. Student's Daily and Weekly Course Evaluation (Appendix A)

a. The Student's Daily Evaluation instrument is designed to rate each topic presented on two fronts. The first part focuses on the quality of the presentation (i.e., the teaching) while the second focus is on the relevance of the content presented to the student's job. The student rates each area on a scale from excellent (5) to poor (1). Verbatim students comments are also encouraged.

This instrument is similar in nature to well used student evaluations forms in higher education and the validity of such students' evaluations is well documented in the literature.

After some experimentation it was found that administration of the instrument daily at the beginning of the day and covering the preceding day's topics yielded the best participation and response from the trainees.

Data from this instrument can be used for formative evaluation purposes to make needed changes in curriculum organization, content and instruction. It is important that an assessment be made daily and that it includes student verbal discussion and input as well as written evaluation.

b. The Student's Weekly Evaluation is designed to gather information regarding the following four areas of the training program:

(1) the course as a whole to date
(2) the course content to date
(3) the effectiveness of teaching
(4) the usefulness of the course to the student's job

The student is to rate each area on a 1 to 5 ranking from poor (1) to excellent (5). Again, as in the daily evaluation, student written comments are solicited. In addition to the four areas mentioned above, the student is asked for input in the following five areas for diagnostic purposes:

(1) What was the most useful/helpful aspect of the course so far?
(2) What was the least useful?
(3) If there are sessions which could be eliminated, which ones would they be?

(4) Please make suggestions for improvement (content, teaching methods, staff, timing, etc.)

(5) Specific feedback to individual faculty members.

Again, the validity of this type of instrument is well documented in the literature on student evaluations.

The weekly evaluation is to be administered at the end of each weekly training session.

It is hoped that these two instruments will yield helpful formative evaluation data and in fact will prove to be one of the most useful sources of information to determine student satisfaction and curriculum efficacy.

2. Assessment of HCR Coordinators Internship instrument

The internship assessment instrument is designed to gather information on student behaviors, skills and attitudes as Health Care Review Coordinators. The information to be gathered focuses on the three goal areas of the training program. Behaviors and skills are measured in:

I. Change Processes
II. HCR Knowledge
III. Management Processes

A. Planning Processes
B. Organizing Processes
C. Coordinating Processes
D. Maintaining Processes

The instrument is administered during the internship period in two ways. First the students evaluate themselves, and second, and independently, the field coordinator prepares a preliminary assessment of the intern. The two assessments are then used as a consulting tool in an interview of the field coordinator and student. A final revised, if necessary, evaluation is made by the field coordinator to determine the level of effectiveness of the interns at that point in their jobs.

Again the validity of the type of instrument is well documented in the literature, especially in the area of internships for educators.

Data from this instrument can be used to evaluate the student's job performance as an HCR Coordinator. The data should also be useful in ferreting out general areas of student weaknesses and assist in planning classroom activities that will reinforce those weaknesses. The student can also use the final evaluation as a tool to help refine her HCR program.

C. HCR Coordinator Training Program

3. The Assessment of Internship Consultant (Field Coordinator) instrument

The assessment of internship consultant instrument was designed to gather information on the efficacy of the curriculum in the internship period. The goals and objectives of the field coordinator are used to describe the desired behaviors of the coordinator. The interns (students) are to rate the field coordinators on each designated behavior.

This instrument is left with the student by the field coordinator following the final internship visit and the student then mails the instrument to the training program director.

The estimated validity of the instrument and its usefulness are deemed high by the internship consultant as it serves to focus consulting activities on stated objectives.

Data from this instrument will serve as formative data in refining the field coordinator's activities.

4. The HCR Coordinator's 4-Month Follow-Up Assessment instrument (Appendix B)

The HCR coordinator's 4-month follow-up assessment instrument is designed to gather information in three general areas:

(1) operational components of the HCR program in the students' respective hospitals
(2) student perceptions of the HCR Coordinator Training Program - curricular and instruction components
(3) student attitudes toward HCR and their role as HCR Coordinators

In order to provide comparative data for evaluation purposes, this instrument was developed in the following manner: sections I and III contain items previously presented in instruments described in 1 and 3 of this report. A limited number of items were selected to keep the instrument in manageable form. Section II of the instrument contains items that seek to measure various aspects of the curriculum in:

(a) meeting student needs
(b) making their job performance better
(c) facilitating change in the student's hospital along selected major topic areas.

The assessment is administered by mailing an instrument to each participant of the training program approximately four months following the end of the formal training sessions. Students fill them out in their hospitals and then mail them back to the evaluators. Data obtained is used to measure:

C. HCR Coordinator Training Program

(a) student attitudes toward Health Care Review
(b) student satisfaction of the Training Programs
(c) degree of implementation of HCR components in the student's hospital

Data is useful in summative evaluation of the Training Program for program refinements for the next class and also to establish base-line data for following coordinators.

Care in developing the questionnaire, based on previous evaluative instruments whose validity was established, as well as building the questionnaire around the objectives and goals of the training program all lend to the validity of the instrument.

5. The Cognitive Assessment (Pre- and Post-Test) instrument (Appendix C)

The cognitive assessment (pre- and post-test) instrument is designed and developed to measure cognitive achievement of the students. The questions which were used in the final instrument were derived from questions submitted by each major lecturer for each session taught. The questions were related to all of the training programs' cognitive goals and an item analysis of the final instrument yielded a total score reliability index of 0.56, using the K-R 20 formula. The validity of the instrument is considered to be high.

The cognitive instrument is to be administered as a pre-test on the first formal day of training and as a post-test on the final day of formal classroom training. The students are to be allowed an hour and a half to complete the assessment. The test may be machine scored to eliminate possible errors in correction.

Data from this assessment can be used to assess changes in student HCR cognitive levels and hence their achievement in knowledge over the duration of the training program. The data should also be useful in pointing up weakness in content, and presentation of same, in the training program which could lead to revisions and refinements of the curriculum.

NOTE: The final instrument is the result of a series of administrations and rewrites of cognitive assessment items. Of the 82 questions used in the final instrument, 58 were common to three previous administrations of the instrument. The remaining questions resulted from re-writing previous questions which were ambiguous, had poor distractors, etc. The final form was statistically high in reliability and validity.

C. HCR Coordinator Training Program

6. The Attitude Assessment instrument (Appendix D)

The attitude assessment instrument is designed to gather information on student attitudes regarding components and relationships of HCR and medical care as well as interpersonal relationships in an HCR program. Information is also sought regarding the students' feelings on their leadership role and functions in an HCR program setting.

Inasmuch as this instrument attempts to gather information on the attitudes of the students in selected areas of HCR, one could say that the instrument's validity is in proportion to the amount of items it seeks information on in an HCR program.

The administration of the Attitude Assessment is as follows: A pre-assessment is made on the first day of the formal training program. A post-assessment is made on the last day of formal classroom training. A follow-up assessment of selected items is made four months following the post-assessment using the 4-month Follow-up Questionnaire.

Data will be used in summative evaluation to measure the impact of the training program on the attitudes of students. Change will be determined by comparing pre-, post-, and 4-month post- results.

7. The Organizational Assessment instrument (Appendix E)

The organizational assessment instrument is designed to gather information on the existence of components of an optimally operating HCR program in the respective student's hospital. The components of such a program were determined by a panel of Health Care Review program experts and it is from this activity that the instrument measures its validity.

The instrument is to be administered in the following manner. After students are selected to participate in the HCRC Training Program they are sent this instrument to take a pre-organizational assessment of the HCR program in their hospital. The student brings the instrument, completed by herself, to the first formal classroom training session. Then in the final week of the formal classroom training program the students are given an instrument for post-assessment during the first part of the week. They then complete the post-organizational assessment after class hours and return the completed instrument by the last day of this week. Finally, a selected sample of items on the organizational assessment is included in the 4-month Follow-up Assessment. Changes in the makeup of the HCR program are then measured between the three administrations of the instrument, hopefully to determine, among other things, if any improvements in the student's HCR program has been made as measured by the inclusion of more components of a successful HCR program.

Data from the assessment is also used to develop the HCR plan by the student for her hospital and will help to focus internship

activities for the student. The idea being that the student works on those areas of an HCR program that are weak in her particular hospital.

8. The Organizational Assessment Rating Instrument (Appendix F)

The organizational assessment rating instrument is designed to further refine the organizational assessment. It is recognized that the components of the "successful" HCR program differ in value and the existence of different items should carry different weights. This instrument is used to gather information of student perceptions of the relative value of the particular components of the HCR program. An off-shoot bonus and use of the administration of this instrument is information on changes in student perceptions of the values of different components in a successful HCR program.

The administration of this rating instrument is as follows: During the first week of formal classroom training the students complete the instrument on their own time and return it by the end of the week. Data from this pre-rating are compared with data garnered from a post-rating which is completed by the students during their final week of formal classroom training and is used to measure changes in student attitudes as well as in their HCR program over the period of assessment. The data can also serve to build baseline data for future students.

D. Miscellaneous Evaluation Design Considerations

1. It is felt by the evaluators that some type of formal measurement should be conducted on cognitive achievement during the didactic portion of the program in addition to the cognitive pre- and post-assessments. It is recognized though, that the limitations of time for this particular contract and the developmental nature and scope of this training program may preclude this type of activity. Nevertheless, in subsequent administrations of this curriculum, there should be additional cognitive measures taken within class.

2. The evaluators also feel that a truer assessment of the efficacy of the curriculum, student achievements and improvements of hospital HCR programs could be achieved by conducting interviews and administering assessment instruments to hospital administrators and medical personnel responsible for the HCR program in the respective hospitals. But the political nature of these activities greatly limit their inclusion in the evaluation design in anything other than an informal manner.

3. Finally, the scope and refinement of the evaluation design, activities and instruments could and should be expanded, especially in the area of relating evaluation activities to the goals and objectives of the curriculum. But due to the time and dollar constraints of this contract it is felt that the foregoing design, activities and instrument development offer sufficient bases for an assessment of the HCR Coordinators Training Program to date.

WHAT WE LEARNED

We learned much about the acceptability and feasibility of many of our curriculum ideas by piloting the program with two classes of students. Our initial program was pilot tested with a class of fifteen (15) coordinators (Class I). Several major changes of approach resulted. The revised program was then refined based upon experiences gained in training a second class of seventeen (17) coordinators (Class II). The major changes in approach are presented here to give the reader a better understanding of the development of the initial program and, correspondingly, the final program.

These changes are discussed in greater detail as follows:

A. Role Definitions:

The roles of the HCR Coordinator (student), the Field Coordinator (HCRC), and the Health Care Review Center were carefully analyzed and modified.

The HCR Coordinator (student) is an integral part of a hospital-based HCR program. In our opinion, the success of the HCR program is, to a large extent, dependent upon the effectiveness of the HCR Coordinator. However, the HCR Coordinator by him/herself cannot make a program succeed. Success requires the cooperation and involvement of many other people: the medical staff leaders, administration, governing body, etc. For the HCR Coordinator to succeed in implementing and coordinating an effective HCR program, he/she must involve (and often train) these other people. This is a major, time-consuming task.

Initially, training by the staff of HCRC was extended beyond the HCR Coordinator to other key members of the hospital and medical staffs. This was, in part, an extension of the manner in which HCRC has traditionally assisted hospitals in developing HCR programs: providing in-depth on-site assistance to all key people. Accordingly, we attempted to overcome gaps in the training of the coordinator - as evidenced by problems in the hospital-based review program - by "solving" these problems for the coordinator. This type of assistance is desirable if the outcome sought is an effective HCR program; it is not desirable if the outcome sought is an effective, independently functioning HCR Coordinator. Thus, the role of the HCRC Field Coordinator was redefined for the second class. Focusing on the student rather than on the program, the Field Coordinator functioned as a consultant and resource person to the student. Accordingly, the Field Coordinator:

1. performed consulting services to the Health Care Review Coordinator student;

A. Role Definitions:

2. obtained, reviewed, and analyzed hospital and student-generated documentation on HCR;

3. reinforced the role of the Coordinator with the key hospital leaders; and

4. assisted in problem-solving as the needs arose.

Thus, training was focused on the Coordinator not the hospital program. Problems encountered by the Coordinator in implementing/conducting review activities were solved by him/her with problem-solving experience from HCRC.

B. Length and Format:

The length of the training program was shortened for Class II. The training formats for the two classes were as follows:

Class I (September 8, 1975 - January 16, 1976)

Classroom (9/8 - 9/19)	2 weeks
Internship (9/22 - 11/7)	7 weeks
Classroom (11/10 - 11/14)	1 week
Internship (11/17 - 1/9)	8 weeks
Classroom (1/12 - 1/16)	1 week

Total: Classroom = 4 weeks
Internship = 15 weeks

Class II (February 9, 1976 - May 7, 1976)

Classroom (2/9 - 2/20)	2 weeks
Internship (2/23 - 4/30	10 weeks
Classroom (5/3 - 5/7)	1 week

Total: Classroom = 3 weeks
Internship = 10 weeks

The original proposal called for shortening the second class period if it appeared feasible. Such a change was not only feasible but advisable due to changes in the sequencing of subject matter and revised role definitions. It was also desirable to reduce the amount of time that the student was away from his/her job.

B. Length and Format

A major change in the sequencing of subject matter made possible the omission of the third week of class as well as a different approach to the internship activities. The sequencing of retrospective and concurrent review procedures was modified. The first class focused on retrospective review during the first classroom session (Weeks 1 and 2) and the first internship. Concurrent review was presented during the second classroom session (Week 3) and implemented during the second internship. It soon became apparent that the needs of the students, dictated by the fact that their jobs required them to be doing at least one of these review activities all the time, hindered this compartmentalized approach. Changes were made during the first class training period to overcome this obstacle. Subsequently, the plan for Class II (February 9 - May 7) was to teach both concurrent and retrospective review during the first classroom session and to work with both during the internship.

C. Instructional Units:

As a result of the initial training experience, student feedback, and changes in role definitions, several basic revisions were made in the learning units. First, content found to meet the needs of the student in the first class was maintained. Secondly, some content was deleted because of the shortened time of the second training period or lack of expressed need for the skills. Thirdly, some units were combined or condensed to accommodate the shortened schedule. Fourthly, the sequencing of units was changed. These changes in instructional units are clustered and discussed under the following headings:

1. Locus of Education:

During the first class, much emphasis was placed upon the requirements/regulations of external agencies (PSRO, JCAH, etc.) during the first few days of class. Given the context of these requirements, the students attempted to analyze their own hospitals and their individual roles. The second class focused first on the student's role and hospital, then on review procedures to improve what was being done internally, and finally on external requirements as they related to the HCR program.

Thus, the locus of education was shifted from review requirements to the HCR Coordinator and the hospital program.

Accordingly, the role of the HCR Coordinator was highlighted early and repeatedly. A HCR Coordinator (a graduate of the first class) spoke to the class about her role and experiences on the first day. The first class worked on a sample job

C. Instructional Units

description during the classroom sessions and developed individual job descriptions during the internships. The second class began with this sample job description and developed individual job descriptions during the first two weeks of class. They were revised and modified during the internship and reviewed in the final week of class.

With the HCR Coordinator as the locus of the education, greater emphasis was placed upon his/her day-to-day activities and procedures. Students in the first class were introduced to the total Health Care Review Program and familiarized with the forms. However, actual use of the forms was expected to occur during the internships. This was not sufficient. The students in the second class were involved in completing actual forms in class as well as during the internship.

Observation of hospital-based medical care evaluation activities as part of the classroom experience was omitted. Although discussion of these review activities was valuable, the observations were rated low by the initial group of trainees. This was due mainly to the difficulty in scheduling these activities. Video-tapes of screening sessions and simulations of committee meetings, as well as experience in completing all forms, provided a meaningful alternative.

Maintaining the HCR Coordinator as the locus of the education, the students in the second class were asked to conduct an organizational assessment of their hospital review program before starting class - the first class of students did this during weeks 1 and 2. This change was made to:

a. increase the student's awareness of other review activities - not just those she had been doing. (Completion of the organizational assessment requires input from persons other than the student);

b. provide comprehensive, base-line data of the hospital review program for determining needs and objectives;

c. establish an initial cognitive structure for important aspects of a HCR program.

This change in focus proved to be justified and is reflected in the recommended training program.

C. Instructional Units

2. Communication, Group Process and Teaching Units:

The original five goals of the training program were streamlined into three goals by including communication and teaching objectives among the various subsets under Goal III: The student will be able to manage a health care review program by planning, organizing, coordinating and maintaining. Re-organization was done because teaching and communication skills are an integral part of any management system which coordinates both people and things.

The units affected by this change - those dealing with interpersonal, group-process, problem-solving and oral communication:

a. Extemporaneous speaking, interpersonal communication and group process skills were maintained. The major focus of the communication unit was "how to develop and give an effective speech." The use of video-taping as a means of critiquing the presentations was not changed.

b. Instructional planning, adult learning theory, negotiation skills and conflict management were deleted. The latter was handled by a unit on assertiveness training and human territoriality.

c. The sequencing of instructional units was changed substantially. The instructional units on teaching, feedback and group process were taken out of the first week and moved into the second week.

d. The importance of integrating the communication and group process skills with the rest of the curriculum was highlighted by the first class. Thus all of the ORME units were taught in Class II based on situations directly related to actual job demands.

3. Physician/Coordinator Day:

The Physician/Coordinator Day was scheduled during the last week of Class I. Although the day was most successful, some students felt that their relationship with this physician during the internship phase would have been better if the Physician/Coordinator Day had been during the first classroom session. This was tried for the second class. The reaction by staff is that the Physician/Coordinator Day is more appropriate at a later time. Accordingly, Day 9 is recommended as Physician/Coordinator Day. This is near the end of the first two weeks of classroom training prior to the internship but after much training of the Coordinator.

4. Instructional Process:

During Class I, student input regarding changes in class activity was based primarily upon written evaluations - done initially weekly, and finally, daily. During the second class, written evaluations were completed and discussed daily. In addition, time was set aside to discuss group and individual needs as well as curriculum changes.

This was found to be extremely valuable to both the faculty and students as a means of assessing progress towards individual and class objectives.

More class time was made available for students in Class II to work individually or in small groups on assignments - with or without staff assistance. While the first week of the second class focused more on the students' knowledge of HCR, the second week provided an opportunity for them to work independently with Health Care Review Center staff as resource people to apply this knowledge to their own settings by developing implementation plans.

Relatively, more of the outside speakers were peers of the students (e.g., HCR Coordinators) than agency experts. This shift was consistent with the change of curriculum emphasis from HCR requirements to HCR procedures.

D. Internship:

The decision to telescope the four-week course into three weeks of class with one internship program rather than two, was made during Class I. Two field visits rather than four were made to the students of the second class which began in February. As with the first series of visits, the Field Coordinator met with the student as well as with one or more of the following personnel: administrators, physicians, utilization review nurses, medical record practitioners, directors or nurses, and social service workers. An evaluation instrument for the internship was developed to be used by the Field Coordinator and students to assess the validity of the curriculum during the internship.

No major changes were made after teaching the second class. Refinements in the curriculum were primarily specific to individual lesson plans. Administratively, lesson plans were bettered, clustered in units, and administrative activities were separated from student learning activities.

Lastly, it is apparent that the training of HCR Coordinators is only begun by this program. Requirements and procedures change and must be updated. Interpersonal and communication and management skills require much more attention than time allowed in this program. Continuing education is a necessity for the coordinator. Ideally, the internship period should be extended beyond the third week of class. In fact, PSRO should maintain an ongoing relationship with the Coordinator - initially as a student and then as an integral part of the PSRO program.

BIBLIOGRAPHY

Aetna Life and Casualty, Waiver of Liability Procedures, Medical Bulletin. Seattle: Medicare Administration, Feb. 27, 1976.

Alberti, R.E. and Emmons, M.L., Stand Up, Speak Out, Talk Back. New York: Pocket Books, 1975.

Alberti, R.E. and Emmons, M.L., Your Perfect Right: A Guide to Assertive Behavior. San Luis Obispo: Impact, 1970, 1974.

American Hospital Association, Hospital coding instrument manual for ICDA-8.

American Hospital Association, ICDA-8 Coding Handbook.

American Medical Association, Model Screening Criteria to Assist Professional Standards Review Organizations. Chicago: American Medical Association, 1975.

American Nurses Association, A Plan for Implementation of the Standards of Nursing Practices, A Report of the Congress for Nursing Practice of the American Nurses Association, Kansas City: American Nurses Association, 1975.

American Nurses Association, Guidelines for Review of Nursing Care at the Local Level, Kansas City: American Nurses Association, 1976.

Back, G. R. and Wyden, P., The Intimate Enemy. New York: William Morrow and Company, 1968.

Bakker, C.B. and Rabdau-Bakker, M.K., No Tresspassing - Exploration on Human Territoriality. San Francisco: Chandler and Sharp, 1973.

Barnes, R.H. and Cullen, R.J., Health Care Review Program. Seattle: Health Care Review Center, 1976.

Barnes, R.H., The Evaluation of Hospital Medical Staff Performance - Does Health Care Review Help? AHME Journal, Spring, 1976, 10-12.

Bureau of Quality Assurance, Addendum to PSRO Transmittal No. 22, PSRO Transmittal No. 23. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Clarification of Relationship of Utilization Regulations to the PSRO Program; PSRO Transmittal No. 22. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Concurrent Review Activity Summary, PSRO Federal Reporting form #BQA 121. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Guidelines for the Coordinator in PSRO Programs and/or Utilization Review Activities; Technical Assistance Document #2. Washington, D.C.: Department of Health, Education, and Welfare, November 1975.

Bureau of Quality Assurance, Medical Care Evaluation Re-Study Report. PSRO Federal Reporting form #BQA 133. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Medical Care Evaluation Status Report, PSRO Federal Reporting Form #BQA 135. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Medical Care Evaluation Study Abstract, PSRO Federal Reporting form #BQA 131. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, PSRO Hospital Discharge Data Set (PHDDS). Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, the PSRO Short Stay Hospital Relationship and Delegation of Review Functions; PSRO Transmittal No. 11. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Quarterly Delegated Hospital Function Cost Summary. PSRO Federal Reporting form #BQA 153. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Quarterly PSRO Function Cost Summary. PSRO Federal Reporting form #BQA 151. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Reimbursement to Delegated Hospitals Under Section 112, P.O. 94-82; PSRO Transmittal No. 34. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Relationship of Physician Certification Requirements under PSRO to the Medicare and Medicaid Programs; PSRO Transmittal No. 30. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Relationship of PSRO Review Responsibilities to the Medicare and Medicaid Program; PSRO Transmittal No. 21. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Bureau of Quality Assurance, Specifications for Confidentiality Policy on PSRO Data and Information, PSRO Transmittal No. 16. Washington, D.C.: Health Services Administration, U.S. Department of Health, Education, and Welfare.

Commission on Professional and Hospital Activities, H-ICDA Hospital Adaptation of ICDA Alphabetical and Tabular Indexes (second edition). Ann Arbor, Michigan: 1973.

Commission on Professional and Hospital Activities, Length of Stay in PAS Hospitals, United States, Western Region, 1974. Ann Arbor, Michigan: 1975.

Council on Medical Care Review Criteria. Seattle: King County Medical Society, 1974.

Dale, M.G., "PSRO: A Primer", Journal of the American Medical Association. July 8, 1974, Vol. 229, No. 2, pp. 157-158.

Dedmon, Donald N., Extemporaneous Speaking (unpublished) Radford College. Radford, Virginia.

Ellis, A., A Guide to Rational Living. North Hollywood: Wilshire Book Company, 1960.

Ellis, A., Humanistic Psychology: The Rational Emotive Approach. New York: Julian Press, 1973.

"Engineering of Agreement." (Film, black and white, 18 minutes), Seattle Public Library.

Fensterheim, H., Don't Say Yes When You Want to Say No. New York: David McKay Company, Inc. 1975.

Garcia, Diane, R.R.A., Unpublished document - annotated sections of P.L. 92-603 Sections 1155, 1160, 1153. Annotated Sections of Federal Register Vol. 39, No. 231, Parts 405, 250.19, 1976.

HEW Newsletter, "Special Report on the Privacy Act," 1975.

Health Care Review Center and Washington State Nurses Association, Nursing Audit Program. Seattle: Health Care Review Center, 1976.

Health Care Review Center, "Criteria Development", (Video-tape) Seattle: 1976.

Health Care Review Center, "The Screening Process", (Video-tape) Seattle: 1976.

Health Care Review Center, Three Part HCR Plan, (Unpublished document) Seattle: 1976.

Health Care Review Center, Unpublished Health Care Review Flowchart. Seattle: 1976.

Health Care Review Center. Unpublished Health Care Review Program Diagram. Seattle: 1976.

Health Sciences Learning Resources Center, "Packed Red Cells vs. Whole Blood", "Volume Expanders". (Slides and cassetts) University of Washington, Seattle: 1975.

Health Sciences Learning Resources Center, "Transfusion Audit". University of Washington, Seattle, 1975.

Helbig, S., Functions, Tasks and Accountabilities of a Health Care Review Center Field Coordinator for the Model BQA Training Program. (Unpublished document) Seattle: Health Care Review Center, 1976.

Helbig, S., Preparing a Work Distribution Chart. (Unpublished document). Health Care Review Center, Seattle: 1976.

Huff, D. and Irving, G., How to Lie with Statistics. Norton Publishing Company, 1954.

Irby, David, "The Problem Solving Process". (Unpublished document) Seattle, 1974.

Joint Commission on Accreditation of Hospitals, Accreditation Manual for Hospitals.

Joint Commission on Accreditation of Hospitals, Concurrent Utilization Review Procedure. Chicago: 1975.

Joint Commission on Accreditation of Hospitals, "Essential Characteristics of an Acceptable Patient Care Evaluation Procedure", Perspectives. Jan. - Feb., 1975.

Joint Commission on Accreditation of Hospitals, Hospital Survey Questionnaire, Information Copy. Chicago: 1974, pp. 31 - 36.

Joint Commission on Accreditation of Hospitals, PEP Primer, 1974.

Joint Commission on Accreditation of Hospitals, (Personal Communication). Proposed Utilization Review Standard, Fall, 1975.

Joint Commission on Accreditation of Hospitals, "Revised Audit Requirements", Perspectives, July-August, 1973.

Kennedy, M. (Ed), Forcefield Diagnostic Technique, Research Using Problem Solving. Northwest Regional Educational Laboratory, October, 1970. pp. 70-74.

Knowles, Malcolm, The Modern Practice of Adult Education. Associated Press. 1970.

Lazaras, A.A., Behavior Therapy and Beyond. New York: McGraw-Hill Book Company, 1971.

Lazaras, A.A. and Fay, A., I Can If I Want To. New York: William Morrow and Company.

Medical Services Administration, Questions and Answers, Medical Assistance - Medicaid. U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, June, 1968.

Meighan, S., "Alice Does It Again": (Slide tape show). Portland, Oregon 1974.

Multnomah Foundation for Medical Care, Review Criteria. Portland, Oregon 1974.

Office of Professional Standards, PSRO Program Manual. Rockville, Maryland: 1974. Department of Health, Education, and Welfare.

Pennsylvania Medical Society, Criteria for Inpatient Medical Care. Pittsburgh: August, 1972.

Phelps S. and Austin, N., The Assertive Woman. San Luis Obispo: Impact, 1975.

Professional Standards Review Organization, Federal Reports Manual PSRO Management Information System. Washington, D.C.: Bureau of Quality Assurance, Department of Health, Education, and Welfare, 1975.

Rancho Los Amogos Hospital, Guidelines for Discharge Planning. Downer, California: 1973.

Sanazaro, P.J., Private Initiative in PSRO. The New England Journal of Medicine. Nov. 1975, Vol. 293, No. 20, 1023-1028.

Seattle University, Student Guide to Release of Information (Unpublished Pamphlet). Seattle: 1975.

Smith, M.J., When I Say No, I Feel Guilty. New York: The Dial Press, 1975.

U.S. Department of Health, Education, and Welfare, Conditions of Participation for Acute Hospitals, Federal Health Insurance for the Aged Regulations.

U.S. Department of Health, Education, and Welfare, Medicaid, Medicare - Which is Which? Publication No. (SRS) 76-24901. January, 1976.

U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, International Classification of Diseases Adapted for Use in the United States. (8th Edition), Washington, D.C.: 1968.

Wallen, John L., "Summary of Basic Communication Skills for Improving Interpersonal Communications." (Unpublished paper) 1971.

Wallen, John W., Constructive Openness. (Unpublished Manuscript), 1967.

Washington/Alaska Regional Medical Program, Patient Care Appraisal (film) Seattle: Washington/Alaska Regional Medical Program, 1971.

Washington/Alaska Blue Cross, Hospital Utilization Review Bulletin, No. 25. Utilization Review Medicare Bulletin: Seattle, 1975.

Washington State Professional Standards Review Organization, Legislative History of Utilization Review Regulations, Seattle: July 9, 1976.

Washington State Professional Standards Review Organization. Sample Formal Health Care Review Plan, 1/6/76. (Unpublished) 1975.

Washington State Professional Standards Review Organization. Sample Memorandum of Understanding Between WSPSRO and the Delegated Hospital. Unpublished. 1975.

Washington State Professional Standards Review Organization Confidentiality Policy (Unpublished document) April 30, 1976.

RECOMMENDED REFERENCE PUBLICATIONS

American Journal of Nursing, American Nurses Association, 10 Columbus Circle, New York, New York 10019.

Audit Action Letter, Patient Care Institute, 16 Thorndal Circle, Darien, Conn. 06820.

Journal of Association for Hospital Medical Education, AHME, 1911 Jefferson Davis Highway, Suite 905, Arlington, Virginia 22202.

Medical Care, J.B. Lippencott, Co., East Washington Square, Philadelphia, Pa. 19105.

Medical Record News, American Medical Records Assn., 875 N. Michigan Avenue, Suite 1850, Chicago, Illinois 60611.

Perspectives, Joint Commission on Accreditation of Hospitals, 875 No. Michigan Ave., Chicago, Illinois 60611

P.S.R.O. Letter, McGraw-Hill Co., 457 National Press Building, Washington, D.C. 20050

Quality Review Bulletin, Joint Commission on Accreditation of Hospitals, 875 No. Michigan Ave., Chicago, Illinois 60611.

HEALTH CARE REVIEW COORDINATOR TRAINING PROGRAM

Student's Daily and Weekly Course Evaluation

Appendix A

Part a - Daily Course Evaluation

Part b - Weekly Course Evaluation

HEALTH CARE REVIEW COORDINATOR TRAINING PROGRAM

Part a - Daily Course Evaluation

Office of Research in Medical Education
University of Washington

Week Date

General Direction: In rating this course, respond to each item carefully and thoughtfully. Avoid letting your responses to some items influence your responses to others.

SECTION II (Each day)

Directions: Rate each session of the course this week on two separate dimensions:

A. Presentation: How well did the person present the material, lead the discussion, or structure the session? The focus is on the quality of the teaching - excellent to poor.

B. Relevance: How useful or relevant is the content of the session?

Rate each of these two dimensions on a five-point scale:

5. excellent, extremely useful
4. very good, better than average
3. good, useful, average
2. fair, less than average
1. poor

Write the appropriate scale number in each of the two boxes for each session. Make specific comments on each session if you so desire.

Date	Topic	Presentation	Content Relevance
	1. _____		
	Comments: _____		
	_____		
	_____		
	2. _____		
	_____		
	_____		

Week II - Health Care Review Coordinator Training Program

Date	Topic	Presentation	Content Relevance
	3. _____		
	Comments: _____		
	_____		
	_____		
	4. _____		
	Comments: _____		
	_____		
	_____		
	5. _____		
	Comments: _____		
	_____		
	_____		
	6. _____		
	Comments: _____		
	_____		
	_____		

Comments on day's activities not included in above:

HEALTH CARE REVIEW COORDINATOR TRAINING PROGRAM

Part b - Weekly Course Evaluation

Office of Research in Medical Education
University of Washington

Week Date

General Directions: In rating this course, respond to each item carefully and thoughtfully. Avoid letting your responses to some items influence your responses to others.

SECTION III (Friday only)

Rate the course as a whole to date
(place an X in the appropriate box).

	EXCELLENT (5)	VERY GOOD (4)	GOOD (3)	FAIR (2)	POOR (1)
1. The course as a whole to date:					
Comments: _____					
_____					
_____					
2. The course content is:					
Comments: _____					
_____					
_____					
3. The effectiveness of teaching is:					
Comments: _____					
_____					
_____					
4. The usefulness of this course to my job is:					
Comments: _____					
_____					
_____					

SECTION IV (last day)

Provide diagnostic feedback to staff on the course.

1. What was the most useful/helpful aspect of the course so far?

2. What was the least useful/helpful?

3. If there are sessions which could be eliminated, which ones would they be?

4. Please make suggestions for improvement (content, teaching methods, staff, timing, etc.)

5. Specific feedback to individual faculty members is also welcome.

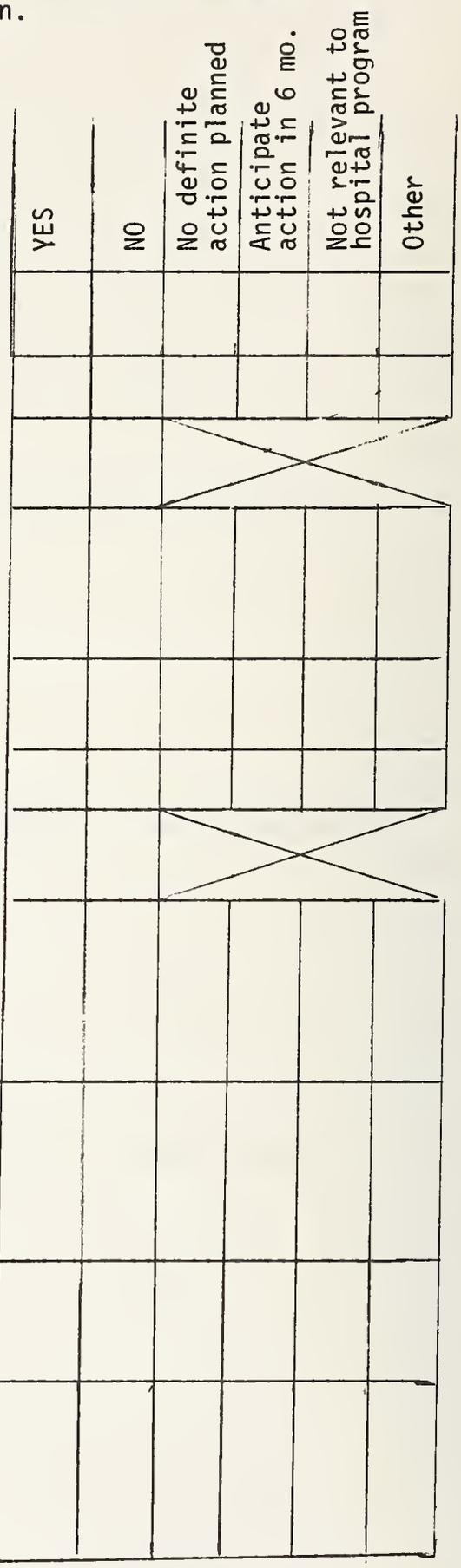
4-Month Follow-up Assessment

Appendix B

FOUR-MONTH FOLLOW-UP ASSESSMENT Name _____

Section One: Organizational Assessment

Directions: For each statement check the "yes" column if it is certainly true for your hospital. Check the "no" column if it is not true. If you checked the "no" column also check the appropriate reason column.



A. Board of Trustees

1. The Board has adopted a policy to support a health care review program .....
2. It has approved a budget for the program ..
3. Have you played an active role in any of the above items .....

B. Hospital Management

1. There is adequate personnel in the record department to retrieve data and display it
2. There is a designated health care review coordinator .....
3. There is a Utilization Review Nurse .....
4. Have you played an active role in any of the above items .....

C. Medical Staff

1. There is a physician in charge of the Health Care Review Program: The Chief of Staff, DME, Medical Director, etc. .....
2. Executive Committee:
   a. The Executive Committee evaluates regular reports from all clinical departments on the quality of care ..
   b. The Executive Committee evaluates regular reports from the UR Committee on the use of hospital facilities ...
   c. The Executive Committee regularly reports to the governing body on the quality of care, the use of hospital facilities and the effectiveness of the health care review program .....

	YES	NO	No definite action planned	Anticipate action in 6 months	Not relevant to hospital program	Other
d. It evaluates reports on credentials and privileges						
3. Clinical Departments:						
a. The roles and responsibilities of the Chief of Staff and Chief of Service are defined						
b. There is training available for new chiefs						
c. Clinical chiefs report on the quality of care and proper use of facilities to the Executive Committee						
d. Action is taken at the departmental level to correct problems identified by audit .						
4. Have you played an active role in any of the above items						
D. Retrospective Reviews						
1. Reaudits have been done to determine if corrective action was effective						
2. All departments participate in audit						
3. When a report on audit is sent to the Executive Committee it:						
a. Identifies strengths born out by the audit						
b. Identifies problem areas						
c. Recommends action						
4. Have you played an active role in any of the above items						
E. Concurrent Review Program						
1. Lengths of stay (LOS) are assigned per:						
a. Problem established at admission						
b. Diagnosis specific LOS, and						

	YES	NO	No definite action planned	Anticipate action in 6 months	Not relevant to hospital program	Other
c. LOS for specific complications for request for extended care						
d. LOS is based on regional norms						
2. Summaries of denials of admission and reasons for extensions of care are presented to Utilization Review Committee						
3. Where there is a problem with patterns of care, they are referred for retrospective reviews						
4. Physician advisors are readily available on a daily basis for the health care review coordinator						
5. There is an effective appeals mechanism for attending physicians						
6. Have you played an active role in any of the above items						
F. Coordination of Retrospective and Concurrent Review						
1. If problems are identified by concurrent review of extended stays, they are referred to the department audit committees for use in retrospective studies						
2. If problems are identified by retrospective review, they are in some instances then monitored concurrently						
3. Discharge planning is coordinated with the Review Program						
4. Have you played an active role in any of the above items						

G. Miscellaneous Questions

1. How many audits have been completed with a report to the Executive Committee and Board of Trustees in the last nine months _____

2. How many doctors have participated in the audit? _____

3. Who presents audit reports to the Board of Trustees? _____

Section II: Assessment of Various Aspects of the Training Program

Directions: In the grid below numbered from 1 to 30, use the following scale to indicate your assessment of the HCR training program in the listed topic areas.

5 = Excellent
4 = Very good
3 = Good
2 = Fair
1 = Poor

	Did the Training Program:		
Topic Areas	meet your individual needs	make your job performance better	facilitate change in your hospital program
Knowledge of HCR requirements	(1)	(2)	(3)
Medical Audit procedures	(4)	(5)	(6)
Criteria development	(7)	(8)	(9)
Utilization review process	(10)	(11)	(12)
Nursing Audit procedures	(13)	(14)	(15)
HCR Communication skills	(16)	(17)	(18)
HCR Management skills	(19)	(20)	(21)
Overall HCR	(22)	(23)	(24)
HCR Coordinators Job description	(25)	(26)	(27)
HCR Plan (for your hospital)	(28)	(29)	(30

Section III: Attitudes toward Health Care Review

Directions: Place a check after each statement to indicate how strongly you agree or disagree.

	Disagree Strongly				Agree Strongly
	5	4	3	2	1
1. Extended stay review by medical staff is necessary	____	____	____	____	____
2. HCR is done primarily to satisfy regulations of the federal government	____	____	____	____	____
3. Separate reviews should be done for medical care, nursing care and the care provided by each health profession	____	____	____	____	____
4. A single review encompassing all patient care by all professions is desirable	____	____	____	____	____
5. Physicians should work with allied health professionals in the development of criteria and review of patient care	____	____	____	____	____
6. Allied health personnel are included in continuing medical education with medical staff when appropriate.	____	____	____	____	____
7. I feel confident that I will be able to instruct doctors in the details of the audit procedure	____	____	____	____	____
8. I feel comfortable about working with doctors	____	____	____	____	____
9. I will find it easy to talk to the medical staff about my role in HCR	____	____	____	____	____
10. I feel confident about my abilities as a manager	____	____	____	____	____
11. I feel confident about my abilities as a Review Coordinator	____	____	____	____	____
12. Fiscal intermediaries (Blue Cross, Aetna, etc.,) play a beneficial role in the review process	____	____	____	____	____

Cognitive Assessment

Appendix C

Name _____

Date _____

HEALTH CARE REVIEW COORDINATOR

Cognitive Assessment

Section I

INSTRUCTIONS: Item Nos. 1 through 3 are designed to collect selected information about each individual to whom this test is being administered. The data collected in this section, as well as the whole instrument, will be utilized in the statistical analysis of the HCRC Curriculum only. It is not the intent that this information be used to specifically identify the individual Trainee. Please answer each of these items by selecting the response which best describes your status and circle the appropriate letter.

1. I am a (n):

   (a) Nurse
   (b) Medical Records Practitioner
   (c) Other

2. I have been licensed in or have performed in this capacity for:

   (a) One year or less
   (b) Two to five years
   (c) Six to ten years
   (d) Eleven to fifteen years
   (e) Over fifteen years

3. I have been associated professionally with Health Care Review

   (a) One month or less
   (b) Two to four months
   (c) Five to eleven months
   (d) More than a year

Section II. True - False Questions

INSTRUCTIONS: For Item Nos. 4 through 41 decide whether the statement is true or false. If it is true, circle the T preceding the statement. If it is false, circle F. If any portion of the statement is false, consider the entire statement false.

EXAMPLE: (T) F It rains often in Seattle.

T F 4. The requirements for reviewing health-care are still being written

T F 5. A medical care evaluation study acceptable to Medicare will also be acceptable to JCAH

Section II. True - False (continued)

T F 6. The department of general or family practice may not conduct its own audit

T F 7. The number of audits required for Medicare is the same as PSRO requests

T F 8. Nursing care criteria must be established by an independent nursing audit committee

T F 9. The number of audits required by JCAH and PSRO is the same

T F 10. It is the responsibility of the HCR coordinator to see that audit reports are correctly signed

T F 11. A quarterly report on the cost of doing review must be submitted by hospitals participating in the PSRO program

T F 12. The medical staff's accountability for patient care appraisal is through the executive committee

T F 13. Patients can have access to their individual PSRO data by contacting the PSRO

T F 14. Problem identification is one of the most frequently underutilized components of problem solving

T. F 15. PCA and UR each lend themselves to specific documented procedures

T F 16. It is the responsibility of the UR Coordinator to notify the attending physician and administration when a hospital stay is no longer justified

T F 17. The UR Coordinator can deny admission to hospital using written criteria approved by the medical staff

T F 18. According to the January 1976 so-called Medicare deadline amendments, PSRO delegated hospital review will be reimbursed from Medicare trust fund

T F 19. According to the January 1976, so-called Medicare deadline amendments, 100% of Medicaid admissions must be professionally reviewed

T F 20. According to the January 1976, so-called Medicare deadline amendments, personnel with "any" financial interest in their own institution may not review care in that institution

T F 21. Of the mean, median or mode, the median is the most reliable statistic to use in reporting averages

T F 22. According to JCAH, an audit is not complete until it has been reported to the hospital governing board

Section II. True of False (continued)

T F 23. Re-audits should be part of master schedule

T F 24. A State may enact a statute to prohibit audit documentation from being subpoened as evidence in court proceeding

T F 25. The Chief of Staff is responsible for the evaluation of nursing care

T F 26. All flowchart symbols are standardized

T F 27. The Privacy Act of 1974 does not affect medical records in all hospitals, retrospectively

T F 28. A hospital can be accredited by JCAH for at least one year even if it does not have an acceptable utilization review program

T F 29. A hospital can be accredited by JCAH for at least one year even if it does not have an acceptable medical audit program

T F 30. JCAH standards concerning bylaws include a quarterly evaluation by each hospital department for the quality of care rendered

T F 31. The medical staff organization accounts for the quality of patient care to PSRO, not to the hospital governing body

T F 32. Hospital bylaws are the bylaws of the medical staff

T F 33. The HCR Coordinator must help people define and solve problems

T F 34. Once the PSRO review system is established, the responsibilities currently held by Medicare contractors and Medicaid State agencies, with respect to determination of medical necessity and quality, will be relinquished to the PSRO

T F 35. According to JCAH the performance of general or family practitioners must be audited by a specialty department - Surgery, OB-GYN, Medicine, etc.

T F 36. The results of medical audits must be reviewed in meetings of the medical staff

T F 37. Medical care evaluation studies provide a means to determine the effectiveness of the concurrent review component and to identify areas where concurrent review should be instituted, intensified or is no longer required

T F 38. Pre-admission certification may be required by PSRO

T F 39. ICDA-8 codes can be used to index medical records for later data retrieval

T F 40. H-ICDA was developed to code admission diagnoses for utilization review purposes

T F 41. In order to assign a proper length of stay for an appendectomy, the UR Coordinator would look up "appendectomy" in the 1975 PAS length of stay book

Section III. Multiple-Choice Questions (42 through 75)

INSTRUCTIONS: Circle the one best answer to each question:

Example : The following men were Presidents of the U.S.A.

a. Walt Disney
b. Henry Kissinger
(c.) Richard Nixon
d. Pat Paulsen

---

42. The main purpose of Utilization Review is that it

a. Looks retrospectively at the level of care compared with predetermined criteria

b. Looks concurrently at reasons for admission to the hospital lengths of stay and extended stay

c. Both A and B

43. The main function of Medical Audit or Patient Care Appraisal is that it

a. Looks retrospectively at the level of care compared with predetermined criteria

b. Looks concurrently at reasons for admission to the hospital, lengths of stay and extended stay

c. Measures proper use of hospital facilities

d. All of the above

44. A patient care appraisal program has identified a specific patient care problem in your hospital. In a good Health Care Review program, what would the preferred next step be?

a. Plan a continuing education program which would deal directly with specific problem and correct it in the future

b. Report the problem to the hospital administration but take no action, because correcting problems is not one of its responsibilities

c. Take steps to see that health care professional involved is reprimanded, and punitive measures taken

d. None of the above

Section III. Multiple-Choice Questions (continued)

45. Which of the following is not a necessary characteristic for a Health Care Review Coordinator?

    a. Commitment to better patient care

    b. Ability to manage a program involving all clinical departments in a hospital

    c. Teaching skills in order to train hospital staff in the details of Health Care Review

    d. Experience with patient care in a clinical setting

    e. Willingness and ability to bring about change in others

46. Essential characteristics of an acceptable patient care evaluation procedure do not include which of the following steps:

    a. Valid criteria are established that permit objective review of the quality of care provided to all patients

    b. Measurement of actual practice against the criteria produces reliable data

    c. Results of measurement are analyzed by outside consultants

    d. Action is taken to correct the problems identified and is followed up

    e. None of the above

47. Utilization Review regulations require all but which of the following:

    a. Extended Stay Review is done for each Title XVIII (Medicare) patient

    b. At least one Medical Care Evaluation Study must be in progress at any given time and at least two studies must be completed each year

    c. Meetings of the hospital's Utilization Review Committee are held according to a written plan approved by the State agency

    d. UR Committee has the support and assistance of the hospital's administrative staff to carry out its function

48. In the Patient Care Appraisal process, the function of peer review is all of the following except:

    a. Changing physician behavior to standardized norms

    b. Solving problems involving patient care

    c. Identifying specific needs in patient care

    d. Improving the overall quality of patient care

Section III. Multiple-Choice Questions (continued)

49. The key activities performed during a Patient Care Appraisal include:

    a. Appoint committee and select topic

    b. Develop criteria

    c. Screen data

    d. All of the above

    e. A and C only

50. During the problem identification phase of PCA, the key people involved include all of the following except:

    a. HCR Coordinator

    b. Chief of Service

    c. Medical Records Staff

    d. Audit Committee

    e. Screening Physician

51. Which statement does not apply to the role of Chiefs of Service in the PCA process:

    a. They appoint criteria committees

    b. They identify topics for review

    c. They prepare regular reports for the Executive Committee

    d. They screen data and charts prior to presentation at the monthly departmental meeting

52. Key functions of the Audit Committee do not include:

    a. Criteria development

    b. Helping to identify potential problems for evaluation

    c. Administering corrective action

    d. Assisting the Health Care Review Coordinator in developing a summary report for the department

    e. Suggesting a date for topic re-audit

Section III. Multiple-Choice Questions (continued)

53. Which one of the following statements about screening criteria is true:

    a. They provide an effective review mechanism

    b. They reduce physician review time

    c. They do not provide a complete review system to fully analyze and evaluate the quality of care

    d. They do not preclude innovation by a physician

    e. All of the above

54. Which of the following Health Care Review Center forms is the appropriate one on which deficiencies which require further review can first be identified:

    a. Topic and Committee Assessment

    b. Criteria Development Worksheet

    c. Data Screening Worksheet

    d. Data Screening Summary

    e. Audit Summary Report

55. "Pre-determined elements against which aspects of the quality of a medical service may be compared" is the PSRO definition of:

    a. Standards

    b. Norms

    c. Criteria

    d. Guidelines

    e. All of the above

56. Which of the following determinations is a PSRO responsible for making with regard to review of medical care?

    a. Is the care medically necessary?

    b. Is the quality of the care consistent with professionally recognized standards?

    c. Is the care provided in the appropriate facility?

    d. Is the care medically necessary and the quality of care consistent with professionally recognized standards?

    e. All of these

Section III. Multiple-Choice Questions (Continued)

57. Which of the following programs is not covered under the PSRO legislation?

    a. Medicare

    b. Medicaid

    c. Veterans

    d. Maternal and Child Health

    e. None of these

58. In order to be eligible for delegation of review functions, what percentage of a hospital's active medical staff must be members of the PSRO?

    a. 51%

    b. 100%

    c. 35%

    d. 25%

    e. 75%

59. Which of the following items do not need to be "spelled out" in a memorandum of understanding:

    a. Review methodology, data requirements, and responsibility for profile analysis

    b. Monitoring, default and appeals procedure

    c. Norms, criteria, and standards

    d. Reimbursement and personnel requirements

    e. Continuing Medical Education procedures

60. Examples of source documents for input to a data system could include the following:

    a. Medical record abstract forms

    b. Review coordinator forms

    c. Fiscal Intermediary Claims data

    d. None of these

    e. All of these

Section III. Multiple-Choice Questions (Continued)

61. Admission certification must normally be performed within:

    a. 12 hours

    b. 18 hours

    c. 48 hours

    d. 24 hours

    e. none of these

62. Problem-solving techniques are an important part of the Health Care Review Coordinator's role. Which of the following steps in the problem-solving process should occur first?

    a. Generate possible solutions

    b. Examine the consequences of each alternative

    c. State the problem

    d. Determine a plan of action

    e. Select the best solution

63. Which is a requirement of good extemporaneous speaking?

    a. Complete memorization of the text

    b. Informal presentation without advanced preparation

    c. Thorough preparation of the ideas, organization, and supporting material of a speech in advance.

    d. Reliance on a manuscript in order to guarantee accuracy of the presentation

    e. None of the above

64. Which of the following is not a characteristic of extemporaneous speaking?

    a. Selection of the words to express ideas during the course of the speech.

    b. A carefully organized structure which does not permit digression

    c. A sense of conversationality in the speaker's style

    d. Speaking without any written notes or outline

    e. All of the above

Section III. Multiple-Choice Questions (continued)

65. In giving feedback, statements are not helpful when they are:

    a. Specific descriptions of observable behavior

    b. Generalizations about others

    c. Descriptions of your own feelings

    d. Responsive to the receiver

    e. Checked to insure clear communication

66. The PSRO abstract should be filled out by:

    a. The Utilization Review Coordinator

    b. The Medical Audit Coordinator

    c. The Attending Physician

    d. The Medical Record Department

    e. Will vary depending on the institution

67. The PSRO in your area will require that a data abstract be submitted on:

    a. Every patient admitted to a hospital

    b. Every Medicare, Medicaid and Title V patient admitted to a hospital

    c. Medicare, Medicaid, Title V, and Blue Cross patients admitted to a hospital

    d. Medicare, Medicaid and Champus patients admitted to a hospital

68. Topics may be selected for audit based on:

    a. The most common diagnoses/operation

    b. Medical staff interest

    c. A known hospital problem

    d. Either A, B, or C

    e. PSRO directives

Section III. Multiple-Choice Questions (continued)

69. Data retrieval for medical audit is best performed by:

    a. Nurses

    b. Medical record practitioners

    c. Physicians

    d. HCR Coordinators

70. The number of audits required by JCAH is based upon:

    a. Hospital size - number of beds

    b. Patient population size - number of admissions/discharges

    c. Medical staff size - number of physicians

    d. Shoe size - HCR Coordinator

71. The ultimate responsibility for assuming that a hospital has an effective system for reviewing care rests with the:

    a. Hospital governing body

    b. HCR Coordinator

    c. Organized medical staff

    d. Chief of Health Care Review

    e. HEW

72. When giving an extemporaneous speech, which part of the speech should be presented first?

    a. The main points

    b. The attention-getter

    c. Preview or overview

    d. Specific supporting materials

    e. The summary and final appeal

Section IV

INSTRUCTIONS: For Items Nos. 73 through 82 a list of possible individual responses are listed immediately after each question and are sequentially numbered. Thereafter, a series of combinations of these responses are listed and lettered A, B, C, and so forth. Select your response for the questions from the lettered list of combinations and mark the appropriate space on the response card. (See example)

EXAMPLE: Of the following people:

1. George Washington
2. Franklin D. Roosevelt
3. John Wayne
4. Telly Savalas
5. Henry Kissinger

Which have been Presidents of the United States?

A. 1, 2 and 4
B. 2, 3 and 5
(C.) 1 and 2
D. All of these
E. None of these

The appropriate answer here would be (C) 1 and 2

---

73. Of the following items:

1. Identify deficiencies in the quality of health care and in the organization, and administration of its delivery

2. Correct deficiencies through education and administrative action

3. Periodically reassess performance to assure that improvements have been maintained

4. Keep the medical staff happy

Medical audits are designed to:

a. 1 only
b. 1, 2, only
c. 1, 2, 3
d. 1, 3 only
e. 1, 2, 4

74. Of the following items:

1. Clinical privileges
2. Continuing education
3. Utilization review
4. Continuing maintenance of practice indicators (i.e., tissue review)
5. Retrospective audit
6. Physician profile

JCAH requirements for insuring quality include:

a. 1, 3, 5 only
b. 1, 4, 5 only
c. 1, 2, 3, 4, 5 only
d. 3, 5, 6 only
e. 3, 4, 5, 6 only

75. Of the following criteria:

1. Provide an effective review mechanism
2. Reduce physician review time
3. Define rigid standards of quality
4. Define what services will be paid for as part of the review
5. Provide a complete review system to fully analyze and evaluate the quality of care

Which are best descriptive of screening criteria?

a. 1, 2 only
b. 1, 3, 5 only
c. 1, 2, 4 only
d. 1, 2, 5 only
e. 1, 2, 4 only

76. Of the following items:

1. Necessity of admission
2. Appropriateness of hospital stays
3. Effectiveness of discharge planning
4. Appropriateness of cost

The purpose of the PSRO concurrent review mechanism is to assure the:

a. 1, 2, 3, 4 only
b. 1, 2, 3, only
c. 1, 2, only
d. 2, 3 only
e. 1, 2, 4 only

77. Of the following:

1. Concurrent review
2. Medical care evaluation studies
3. Analysis of hospital practitioners and patient profiles

A PSRO hospital review system is based on:

a. All the above
b. 1, 2 only
c. 1, 3 only
d. 2, 3 only

78. Of the following items concerning the filing of hospital audits and related data:

1. Together
2. Under lock and key
3. In the medical record department
4. In the coordinators office
5. In PSRO office
6. All of the above

The best hospital filing procedure would be to file the material

a. 1, 2 only
b. 2, 3 only
c. 2, 3, 5 only
d. 5 only
e. 1, 2, 4 only

79. In certain of the following situations the Health Care Review Coordinator may provide health care information without requiring additional authorization:

1. Examination by medical audit committee
2. Information released to fiscal intermediaries for Medicare patients
3. Examination by accrediting or licensing bodies
4. Examination by police department
5. Examination by attorney
6. Examination by employees

Which do require an additional authorization for the release of Health Care information?

a. 1, 2, 5 only
b. 1, 2, 3 only
c. 2, 3, 4 only
d. 3, 4, 6 only
e. 1, 3 only

80. Of the following items:

1. Orient new Chiefs of Service
2. Up-date the procedure manual
3. Underscore to the physician that it is their duty to assist you
4. Make a broad statement to the Board of Trustees that the medical staff is a "Cooperative"
5. Annually in conjunction with the Chief of Health Care Review, evaluate the entire program and report it to the Executive Committee

The Health Care Review Coordinator might do the following things to assure continuity of the program. (Circle one or more of the following:)

a. 1, 2, 3 only
b. 1, 2, 4 only
c. 1, 2, 5 only
d. 1, 2 only
e. 5 only

81. Of the following items:

1. Ask the Chief of Service which diagnosis or procedures might be improved by review
2. Ask the members of the medical staff which topics they would like to have reviewed
3. Ask Allied Health personnel what topics should be reviewed
4. Don't select topics that cut across departments
5. Do not select a topic outside of the most frequently seen diagnosis or procedures

Guidelines for selecting meaningful topics for audit can be done in the following manner:

a. 1, 2 only
b. 1, 2, 5 only
c. 1, 2, 3 only
d. 4, 5 only
e. 1, 4 only

82. Of the following activities:

1. Write an appropriate letter to the Chairman of the Board of Trustees
2. Talk with those responsible for correcting the problem
3. Bring it to the attention of the appropriate Chief of Service
4. Do nothing

When the medical staff fails to take corrective action on problems identified by medical audit, a Health Care Review Coordinator should:

a. 1, 2 only
b. 3 only
c. 3 only
d. 2 only
e. 1 only

83. Problem solving is an orderly and rational process. It includes the following activities:

a. Generate possible alternative solutions
b. Examine the consequences of each alternative
c. State the problem
d. Determine a plan of action
e. Select the best solution

Circle one of the following which best describes the orderly problem solving process?

1. c, d, e, b, a
2. a, b, e, c, a
3. e, d, c, a, b
4. c, a, b, e, d
5. c, e, a, d, b

NOTE: The answers to questions 84 and 85 will come from the following list of eleven (11) items. (a through k)

a. Is done on all patients regardless of payment source
b. Is aimed at Federally-funded patients
c. Assigns the responsibility for the system to the medical staff
d. Focuses on admission review/continued stay review
e. Necessitates that the decisions about care and action taken be done only by a physician
f. It focuses on individual patients
g. Focuses on patterns of care
h. Is done generally after the patient leaves
i. Screens care based upon criteria
j. Focuses on outcome and management of the patient
k. Is done while the patient is in the hospital

84. Characteristics of concurrent review include: (select the single best answer)

A. Items c, d, g, i
B. Items e, h, k,
C. Items d, f, h, i, k
D. Items c, d, f, i, k
E. Items a, e, b, i, j

85. Characteristics of retrospective review include: (circle the single best answer)

A. Items a, c, f, h
B. Items e, f, j, k
C. Items c, g, h, i, j
D. Items d, e, i, j
E. Items b, d, f, i

HEALTH CARE REVIEW COORDINATOR TRAINING PROGRAM

Attitude Assessment

Appendix D

HEALTH CARE REVIEW COORDINATOR TRAINING PROGRAM

Attitude Assessment

Name _____
Date _____

Directions: Place a check after each statement to indicate how strongly you agree or disagree.

	Disagree Strongly				Agree Strongly
	5	4	3	2	1
1. Medical audit is a meaningful part of medical care	____	____	____	____	____
2. Most medical care providers feel that medical audit is a meaningful process	____	____	____	____	____
3. Admissions review is a necessary procedure	____	____	____	____	____
4. Extended stay review by medical staff is necessary	____	____	____	____	____
5. Hospitals which have used the Health Care Review Process have benefited from it	____	____	____	____	____
6. HCR will lead to improved patient care	____	____	____	____	____
7. HCR is done primarily to satisfy regulations of the federal government	____	____	____	____	____
8. Separate reviews should be done for medical care, nursing care and the care provided by each health profession	____	____	____	____	____
9. A single review encompassing all patient care by all professions is desirable	____	____	____	____	____
10. Physicians should work with allied health professionals in the development of criteria and review of patient care	____	____	____	____	____
11. Nonphysician reviewers should follow physician's criteria in making decisions about admissions or continued stay	____	____	____	____	____
12. Medical staff readily accept allied health personnel on audit committees	____	____	____	____	____

Attitude Assessment (continued)

	Disagree Strongly				Agree Strongly
	5	4	3	2	1
13. Allied health personnel are included in continuing medical education with medical staff when appropriate	____	____	____	____	____
14. Audit has produced material which is useful for continuing medical education	____	____	____	____	____
15. It would be worthwhile to develop a cooperative effort for sharing criteria development with another hospital	____	____	____	____	____
16. It would be worthwhile to share a continuing medical education program with another hospital	____	____	____	____	____
17. I feel confident that I will be able to instruct doctors in the details of the audit procedure	____	____	____	____	____
18. I feel comfortable about working with doctors	____	____	____	____	____
19. I will find it easy to talk to the medical staff about my role in HCR	____	____	____	____	____
20. I feel confident about my abilities as a manager	____	____	____	____	____
21. I feel confident about my abilities as a Review Coordinator	____	____	____	____	____
22. The Joint Commission on Accreditation of Hospitals provides useful assistance to Health Care Review	____	____	____	____	____
23. Professional Standards Review Organization requirements are helpful in the review process	____	____	____	____	____
24. Fiscal intermediaries (Blue Cross, Aetna, etc.) play a beneficial role in the review process	____	____	____	____	____

Organizational Assessment

Appendix E

HEALTH CARE REVIEW COORDINATOR TRAINING PROGRAM

Organizational Assessment

Name _____
Date _____
Hospital _____

PART I

Directions: For each statement, check "yes" if it is certainly true for your hospital, "no" if it is certainly not true, and indicate your source of information.

I. Board of Trustees	Yes	No	Don't Know	Source
A. The Board has adopted a policy to support a health care review program.	___	___	_____	_____
B. It has approved a budget for the program.	___	___	_____	_____
C. It receives regular monthly reports on quality of care and proper use of facilities.	___	___	_____	_____
D. A physician attends the Board meeting to present the report and to answer questions.	___	___	_____	_____
II. Hospital Management				
A. The administration participates in the management of review process.	___	___	_____	_____
B. Secretarial support is provided for audit and other committees.	___	___	_____	_____
C. There is adequate personnel in the record department to retrieve data and display it.	___	___	_____	_____
D. There is a person in charge of discharge planning.	___	___	_____	_____
E. There is a non-M.D. health care review coordinator.	___	___	_____	_____
F. There is a Utilization Review nurse.	___	___	_____	_____
G. There is a training program for admitting personnel.	___	___	_____	_____
H. The hospital subscribes to PAS-MAP.	___	___	_____	_____
I. The hospital subscribes to another computerized data retrieval system.	___	___	_____	_____

III. Medical Staff	Yes	No	Don't Know	Source
A. There is a physician in charge of the Health Care Review Program: the Chief of Staff, DME, Medical Director, etc.	___	___	_____	_____
B. Executive Committee:				
1. The Executive Committee evaluates regular reports from all clinical departments on the quality of care.	___	___	_____	_____
2. The Executive Committee evaluates regular reports from the UR Committee on the use of hospital facilities.	___	___	_____	_____
3. The Executive Committee regularly reports to the governing body on the quality of care, the use of hospital facilities and the effectiveness of the health care review program.	___	___	_____	_____
4. It evaluates reports on credentials and privileges.	___	___	_____	_____
C. Clinical Departments:				
1. The roles and responsibilities of the Chief of Staff and Chief of Service are defined.	___	___	_____	_____
2. There is training available for new chiefs.	___	___	_____	_____
3. Clinical chiefs report on the quality of care and proper use of facilities to the Executive Committee.	___	___	_____	_____
4. Action is taken at the departmental level to correct problems identified by audit.	___	___	_____	_____
5. Monthly departmental meetings are dedicated to the review of the quality of care and correction of any problems.	___	___	_____	_____
6. There is a roll call at monthly meetings.	___	___	_____	_____
IV. Retrospective Reviews				
A. Reaudits have been done to determine if corrective action was effective.	___	___	_____	_____
B. All departments participate in audit.	___	___	_____	_____

	Yes	No	Don't Know	Source
IV. Retrospective Reviews				
C. There is a master schedule for the entire hospital published for the next six months.	___	___	_____	_____
D. When a report on audit is sent to the Executive Committee it:				
1. Identifies strengths born out by the audit.	___	___	_____	_____
2. Identifies problem areas.	___	___	_____	_____
3. Recommends action.	___	___	_____	_____
V. Concurrent Review Program				
A. Lengths of stay (LOS) are assigned per:				
1. Problem established at admission,	___	___	_____	_____
2. Diagnosis specific LOS, and	___	___	_____	_____
3. LOS for specific complications for request for extended care.	___	___	_____	_____
4. LOS is based on regional norms.	___	___	_____	_____
B. Summaries of denials of admission and reasons for extensions of care are presented to Utilization Review Committee.	___	___	_____	_____
C. Where there are problems with patterns of care, they are referred for retrospective reviews.	___	___	_____	_____
D. Physician advisors are readily available on a daily basis for the health care review coordinator.	___	___	_____	_____
E. There is an effective appeals mechanism for attending physicians.	___	___	_____	_____
F. Criteria are available for the majority of admitting diagnoses.	___	___	_____	_____
G. The program is approved by the State agency.	___	___	_____	_____

VI. Coordination of Retrospective and Concurrent Review	YES	NO	Don't Know	SOURCE
A. Criteria for admission and continued stay review developed by departmental audit committees are given to the UR Committee for its use.	___	___	___	___
B. If problems are identified by concurrent review of extended stays, they are referred to the department audit committees for use in retrospective studies.	___	___	___	___
C. If problems are identified by retrospective review, they are in some instances then monitored concurrently.	___	___	___	___
D. Discharge planning is coordinated with the Review Program.	___	___	___	___

PART II

These additional questions will help to complete the "hospital profile."

1. The UR nurse reports to (check the appropriate answer):

   ☐ Hospital Administrator

   ☐ Director of Nursing

   ☐ Health Care Review Coordinator

2. What is the size of your hospital? _____

   _____

3. To what extent do the following departments participate in the health care review program?

	Fully	Some	Not at all
a. Pharmacy	___	___	___
b. Nursing	___	___	___
c. Dietary	___	___	___
d. Emergency Room	___	___	___
e. Laboratory	___	___	___

4. How many employees are there in the record department?

   R.R.A. ___ A.R.T. ___
   M.R.A. ___ Clerks ___

5. a. In the record department, is there a problem with incomplete charts? ___
   b. How many days, weeks, or months are charts incomplete (on the average)? ___

6. Is the record department administrator an R.R.A., A.R.T., or someone with practical experience? _____

7. How up-to-date are the disease and operative procedure indices? _____

_____

(Questions 8 through 12 refer to the Retrospective Review.)

8. How many audits have been completed with a report to the Executive Committee and Board of Trustees? _____

9. How many doctors have participated in the audit? _____

10. Who presents audit reports to the Board of Trustees? _____

11. What provision is there for CME to correct problems defined by audit?

_____
_____
_____
_____
_____
_____

12. Who counsels physicians whose practice varies from the criteria?

_____

13. How many retrospective denials have there been in the last twelve months?

_____

14. Review the last survey conducted by the JCAH at your hospital. List the problems that were identified in it.

_____
_____
_____
_____
_____
_____

HEALTH CARE REVIEW COORDINATOR TRAINING PROGRAM

Organizational Assessment

(Rating Instrument)

Appendix F

HCRC Training Program

Organizational Assessment - RATING FORM

Name _____
Date _____
Hospital _____

DIRECTIONS: Use the following scale to rate the <u>importance</u> of each item in Health Care Review System.

5 - greatest importance
4 - more than average importance
3 - average importance
2 - less than average importance
1 - least importance

Place your choice by checking one rating per item in the space provided in front of each item.

.....

Least Importance		Average Importance		Greatest Importance	
1	2	3	4	5	<u>Board of Trustees</u>
					A. The Board has adopted a policy to support a health care review program.
					B. It has approved a budget for the program.
					C. It receives regular monthly reports on the quality of care and proper use of facilities.
					D. A physician attends the Board meeting to present the report and to answer questions.
					<u>Hospital Management</u>
					A. The administration participates in the management of review process.
					B. Secretarial support is provided for audit and other committees.
					C. There is adequate personnel in the record department to retrieve data and display it.
					D. There is a person in charge of discharge planning.
					E. There is a non-physician health care review coordinator.
					F. There is a Utilization Review nurse.

Least Importance		Average Importance		Greatest Importance
1	2	3	4	5

Hospital Management

G. The hospital subscribes to PAS-MAP.

H. The hospital subscribes to another computerized data retrieval system.

Medical Staff

A. There is a physician in charge of the Health Care Review Program: The Chief of Staff, DME, Medical Director, etc.

B. Executive Committee:
   1. The Executive Committee evaluates regular reports from all clinical departments on the quality of care.
   2. The Executive Committee evaluates regular reports from the UR Committee on the use of hospital facilities.
   3. The Executive Committee regularly reports to the governing body on the quality of care, the use of hospital facilities and the effectiveness of the health care review program.
   4. It evaluates reports on credentials and privileges.

C. Clinical Departments:

   1. The roles and responsibilities of the Chief of Staff and Chief of Service are defined.
   2. There is training available for new chiefs.
   3. Clinical chiefs report on the quality of care and proper use of facilities to the Executive Committee.
   4. Action is taken at the departmental level to correct problems identified by audit.
   5. Monthly departmental meetings are dedicated to the review of the quality of care and correction of any problems.
   6. There is a roll call at monthly meetings.

Retrospective Reviews

A. Reaudits have been done to determine if corrective action was effective.

B. All departments participate in audit.

C. There is a master schedule for the entire hospital published for the next six months.

Least Importance		Average Importance		Greatest Importance
1	2	3	4	5

Retrospective Reviews

D. When a report on audit is sent to the Executive Committee it:

1. Identifies strenghts born out by the audit.
2. Identifies problem areas.
3. Recommends action.

Concurrent Review Program

A. Lengths of stay (LOS) are assigned per:
   1. Problem established at admission.
   2. Diagnosis specific LOS, and
   3. LOS for specific complications for request for extended care.
   4. LOS is based on regional norms.

B. Summaries of denials of admission and reasons for extensions of care are presented to Utilization Review Committee.
C. Where there is a problem with patterns of care, they are referred for retrospective reviews.
D. Physician advisors are readily available on a daily basis for the health care review coordinator.
E. There is an effective appeals mechanism for attending physicians.
F. Interviews are available for the majority of admitting diagnoses.
G. The program is approved by the State agency.

Coordination of Retrospective and Concurrent Review

A. Criteria for admission and continued stay review developed by departmental audit committees are given to the UR committee for its use.
B. If problems are identified by concurrent review of extended stays, they are referred to the department audit committees for use in retrospective studies.
C. If problems are identified by retrospective review, they are in some instances then monitored concurrently.
D. Discharge planning is coordinated with the Review Program.

HEALTH CARE REVIEW CENTER

Appendix G

HEALTH CARE REVIEW CENTER

Role

The Health Care Review Center, a non-profit corporation in the State of Washington, was challenged by the Washington State Medical Association to develop the so-called Patient Care Appraisal program in the hospitals in the State of Washington in 1972. In this, the Center has been directly responsible for its program to the board of trustees of the Washington State Medical Association. It has used its own initiative to identify the issues in Patient Care Appraisal, and develop a system that could be taught and implemented in acute care hospitals.

The Center is accountable to the private sector of organized medicine and to the patient, rather than to the government. It has been able to develop a balanced staff with diverse areas of expertise to implement its program.

The Center has a physician director, a medical educator as associate director, and a staff which has included a public health physician, a nurse, and medical record analysts. There are part-time physicians and consultants as needed. The Center has both a physician and nurses' Advisory Council.

It has acted as a consultant to the Washington State Professional Standards Review Organization, and the Bureau of Quality Assurance of HEW. The Washington/Alaska Regional Medical Program has awarded financial support to implement the Patient Care Appraisal program. It has acted as a consultant to the American Medical Association and the American Hospital Association. It has communicated freely with the Joint Commission on Accreditation of Hospitals, and shared its program with them.

Goals

1. The unifying goal is the development, documentation and implementation of health care review programs in acute care hospitals.

2. To continue to seek its major financial support from the private sector of organized medicine.

3. To make available the lessons learned through implementing review programs in hospitals to Washington State Medical Association and all hospitals.

4. To keep abreastof national policy in health care and help interpret this for hospitals and health care providers.

5. To develop new programs in quality assurance through pilot studies.

6. To develop expertise in Ambulatory Care review and assist W.S.M.A. in this area when appropriate.

Role (continued

7. To work cooperatively with other health organizations in the State of Washington, such as schools of Medicine and Public Health, University of Washington, Washington State Hospital Association, Washington State Nurses' Association, etc.

8. To cooperate with such national organizations as the A.M.A., the various medical societies, the J.C.A.H., and A.H.S., in developing policy and programs in quality assurance.

Summary of the Center's Activities Since 1972

1. Initial pilot program in Patient Care Appraisal in three hospitals:

   St. Luke's Hospital, Spokane, Washington
   Whidbey Island and Island Hospital
   Vancouver Memorial Hospital, Vancouver

2. Published pamphlet, Patient Care Appraisal - Who, What, and How?

3. Published manual, Health Care Review Program.

4. Established Health Care Review programs with the following hospitals:

   St. Joseph's Hospital, Bellingham
   St. Luke's Hospital, Bellingham
   United General Hospital, Sedro Woolley
   Skagit Valley Hospital, Mt. Vernon
   The Doctors Hospital, Seattle
   Providence Hospital, Seattle
   Vancouver Memorial Hospital, Vancouver
   Kittitas Memorial Hospital, Ellensburg
   Valley Memorial Hospital, Sunnyside
   Prosser Memorial Hospital, Prosser
   Sacred Heart Hospital, Spokane
   Deaconess Hospital, Spokane
   Walla Walla General Hospital, Walla Walla
   Olympic Memorial Hospital, Port Angeles

5. Conference on Health Care Review:

   In Seattle, Yakima and Spokane, representatives from over fifty hospitals attended - funded by the Washington/Alaska Regional Medical Program.

6. Consultation with Southeast Alaska hospitals - funded by the Washington/Alaska Regional Medical Program.

7. Workshop in Patient Care Appraisal, Fairbanks Memorial Hospital, Alaska - funded by Washington/Alaska Regional Medical Program.

Summary of the Center's Activities Since 1972 (continued)

8. Consultants to Washington State Professional Standards Review Organization.

9. Consultants to the American Medical Association.

   (a) Technical Advisory Committee - project to develop criteria sets for PSRO.
   (b) Consultants to Council on Continuing Medical Education - committee on continuing competence of physicians.

10. Development of a curriculum and training program for thirty health care review coordinators. Contract with the Bureau of Quality Assurance, Department of Health, Education, and Welfare. Subcontract to the Office of Research and Medical Education, University of Washington.

11. Cooperating with Washington State Medical Association in the developmental stage of a plan for utilizing medical audit and continuing medical education as a basis for relicensure for physicians.

12. Contract with the Learning Resources Center, University of Washington School of Medicine. Cooperating with them to implement their study on the use of blood in the State of Washington, and develop meaningful criteria and medical audits.

13. Development of a Nurse Audit model, funded by the Washington/Alaska Regional Medical Program.

14. Evaluation of nurse practitioners, funded by the Washington/Alaska Regional Medical Program.

The Rationale

Most hospital medical staffs and physicians in their private offices do not have the capability of responding in a meaningful way to the evolving demands of the federal government.

Some of the problems encountered by hospitals in attempting to implement programs to assure high quality care at a reasonable cost are not well known.

- How is quality of care defined and measured?
- How can cost be contained without reducing quality?
- How does a hospital decide which health care review plan to adopt?
- Who will train hospital staffs to review care?
- Who will train nonphysicians to manage hospital review programs?
- When problems are identified in the review of patient care, how can they best be solved?
- How can regional medical resources be mobilized as a resource to help solve local problems identified by the audit process?
- How can organized medicine utilize the medical audit programs to assure physician competency?

The Rationale (continued)

- How do continuing medical education programs help solve problems identified by medical audit?
- What is the role of the private medical sector and the federal government in these areas?

The Health Care Review Center is a professional and technical resource in these areas. Its staff addresses itself to the above questions and at the same time trains health care providers to participate in Health Care Review programs. The objective is to improve patient care where needed.

Job Description

Appendix H

Job Description

DEFINITION:

The Health Care Review Coordinator is a nonphysician, with hospital health care experience, charged with the organization and management of the Health Care Review activities in the hospital. This involves effective coordination of both concurrent and retrospective review in a balanced program of quality assurance and cost control committed to better patient care.

Since Health Care Review is an emerging and rapidly changing component of the health care delivery system, it is essential that the Coordinator have administrative support for continuing education relevant to the requirements of the position.

ACCOUNTABILITY:

The Health Care Review Coordinator is advised by the Chief of Health Care Review or Chief of Staff and is ultimately accountable to the Administrator or Assistant Administrator, as determined by the particular hospital.

DUTIES: PLANNING:

1. Anticipate difficulties in gaining acceptance of Health Care Review procedures.

2. Establishes communication with all members of Health Care Review team (Chief of Health Care Review, Medical Records, Audit Committees, etc.).

3. Discusses program functions, issues and problems.

4. Assists in formulation of Health Care Review plan, to include concurrent and retrospective review.

5. Writes job descriptions and policies/procedures.

6. Presents resource expectations/budgeting for Health Care Review activities.

7. Meets with medical and nursing Audit Committees to assist in planning and scheduling their activities.

ORGANIZING:

1. Obtains individual and institutional support for Health Care Review program and implementation plan.

2. Develops data collection mechanism for Health Care Review process.

Organizing (continued)

3. Documents Health Care Review system for the institution, as it develops and changes.

4. Analyzes Health Care Review data and prepares reports for internal and external Health Care Review groups.

LEADING AND COORDINATING:

1. Advises and assists Health Care Review personnel in implementation of program, with emphasis on and delegation of group leadership functions.

2. Facilitates working relationships within and between review committees.

3. Supports and assists personnel concerned with concurrent review activities, implementing inevitable changes in regulations.

4. Initiates and coordinates PCA/MCE in all phases: staff involvement, committee appointments, topic selection, criteria development, data retrieval and display, screening, evaluation of care, problem identification, problem solving, corrective action, reporting out and re-audit.

5. Communicates Health Care Review information to appropriate individuals and groups.

6. Teaches Health Care Review methodology and roles to appropriate personnel and anticipates ongoing Health Care Review training needs in terms of updating and change.

7. Works closely with in-service Director to develop educational programs for ancillary services.

8. Acts as Health Care Review liaison between the hospital team and governmental agencies and third party payers as defined by the hospital.

9. Directs activities and personnel directly responsible for the various aspects of Health Care Review (i.e., other Review Coordinators).

10. Monitors all Health Care Review procedures as to effectiveness and timeliness.

11. Performs or delegates concurrent and retrospective review activities.

SPECIAL ABILITIES:

1. Flexibility and amenability to change.

2. Ability to approach problems in positive, innovative manner.

3. Self-motivation and ability to function with minimal direction.

4. Willingness to discuss controversial subjects with physicians, nurses, hospital trustees, medical records personnel, etc.

5. Ability to accept feedback and profit by that which is constructive.

6. Tolerance for ambiguity, frustration and conflict.

7. Commitment to the need for Health Care Review in the continuing improvement of patient care.

SPECIAL KNOWLEDGE:

1. Quality assurance programs, procedures, processes and requirements (local, regional, national).

2. Power structure and organizational structure of health care delivery system.

3. Third party payment mechanisms and regulatory agency requirements.

4. Organization and management.

5. Policy development in both public and private sectors, and interfacing of the two.

6. The educational process, particularly such skills as group process/ communication, instruction, consultation, problem solving.

Glossary

Appendix I

Health Care Review Abbreviations

AH - Allied Health
AHA - American Hospital Association
AMA - American Medical Association
AMRA - American Medical Records Association
ANA - American Nurses' Association
ART - Accredited Record Technician
BHI - Bureau of Health Insurance (Medicare or Title 18)
BQA - Bureau of Quality Assurance
CME - Continuing Medical Education
COA - Chief of Staff or Chiefs of Service
CPHA - Commission on Professional and Hospital Activities
CQA - Concurrent Quality Assurance (PSRO)
CSR - Continued Stay Review
EMCRO - Experimental Medical Care Review Organizations
HCR - Health Care Review
HCRC - Health Care Review Center
HEW - Health, Education, and Welfare (DHEW)
HMO - Health Maintenance Organization
HSA - Health Systems Agencies (also Health Services Administration)
JCAH - Joint Commission on the Accreditation of Hospitals
LOS - Length of Stay
LTC - Long Term Care (BQA)
MA - Medical Audit
MCE - Medical Care Evaluation (studies)
MSA - Medical Services Administration (Medicaid or Title 19)
MOU - Memorandum of Understanding (PSRO)
NA - Nursing Audit
OMB - Office of Management and Budget (HEW)
PAS - Professional Activity Studies
PCA - Patient Care Appraisal (retrospective review or medical audit)
PEP - Performance Evaluation Procedure (JCAH)
PSRO - Professional Standards Review Organization
QAP - Quality Assurance Program (AHA)
RMP - Regional Medical Program
RRA - Registered Record Administrator
SSA - Social Security Administration
TAP - Trustees, Administrators, Physicians (JCAH)
UR - Utilization review, concurrent review

*U.S. GOVERNMENT PRINTING OFFICE : 1978 0-720-337/8083